

Name
in
Full

Mary J. Almonney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lara Town Harford County MARYLAND

Date of death 1907 9 8 Day 71 Age 8 Months 8 Days

Sex Female Color or Race White Birth-place Unknown

Occupation House Keeper Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband James Almonney

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information John. J. Barber How related to deceased Son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Cause Chronic Interstitial Nephritis - Urinal Depos. How long Two days.

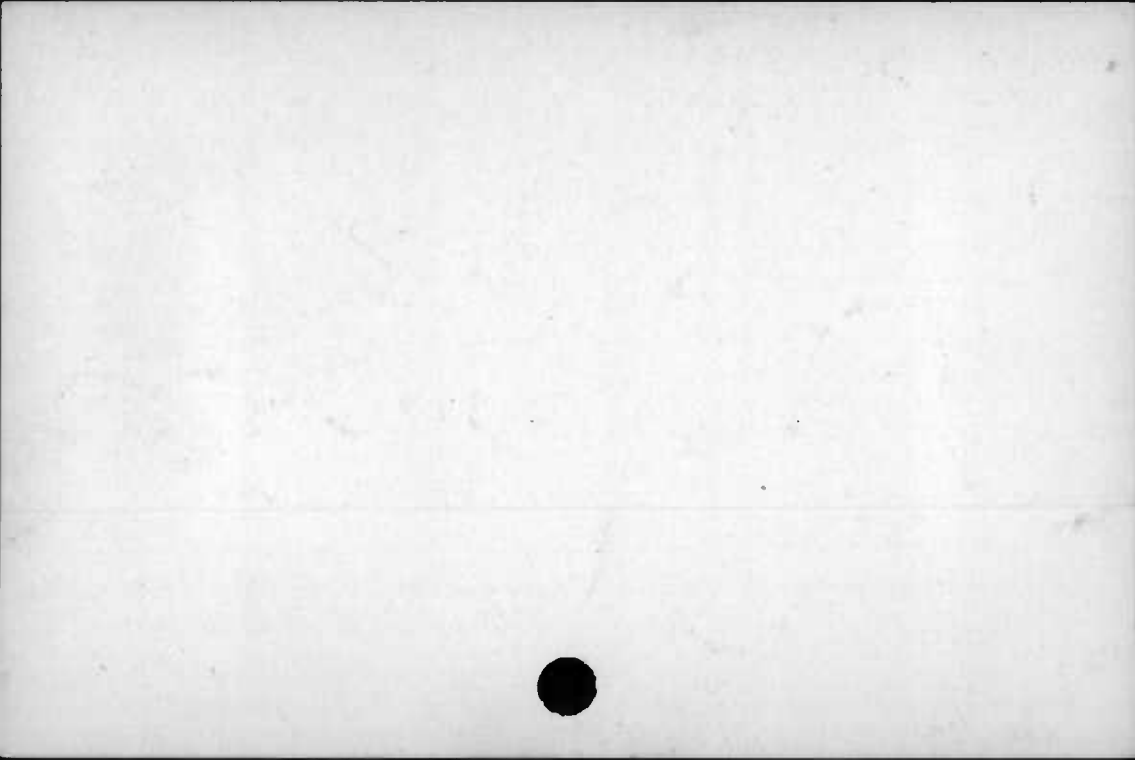
Immediate Cause Cardiac Dilatation.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician D. H. Smithway

Address New Park, Pa.

Accident or Suicide? 9



Name
in
Full

CERTIFICATE OF DEATH

Grant Bass

Town

County

MARYLAND

Died at

Fallstern

Harford Co.

Date

Month

Day

Years

Months

Days

of death

1907

Sept.

11.

Age

43

Sex

Male

Color

Colored

Birth-place

N. Carolina

Occupation

Farmer

Where Residing if not at place of death

at Fallstern

Married, Single or Widower

Name of Wife or Husband

Margiana Wood (Margian name)

Father's Name

James Bass

Father's Birthplace

N. Carolina

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

His Widow

How related to deceased

Widow

CAUSES OF DEATH

27

Primary

Consumption

How long

8 months

Immediate

Hemorrhage of Lungs

How long

10 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Charles Bagley M.D.

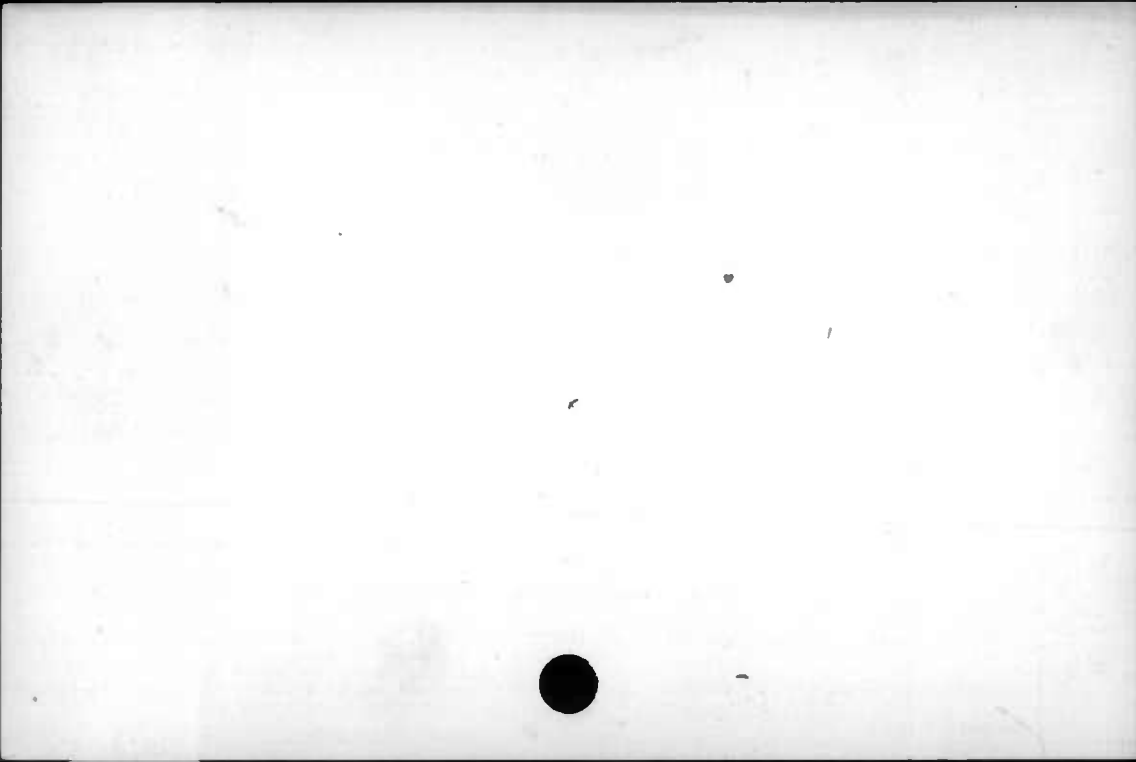
Address

Bagley, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

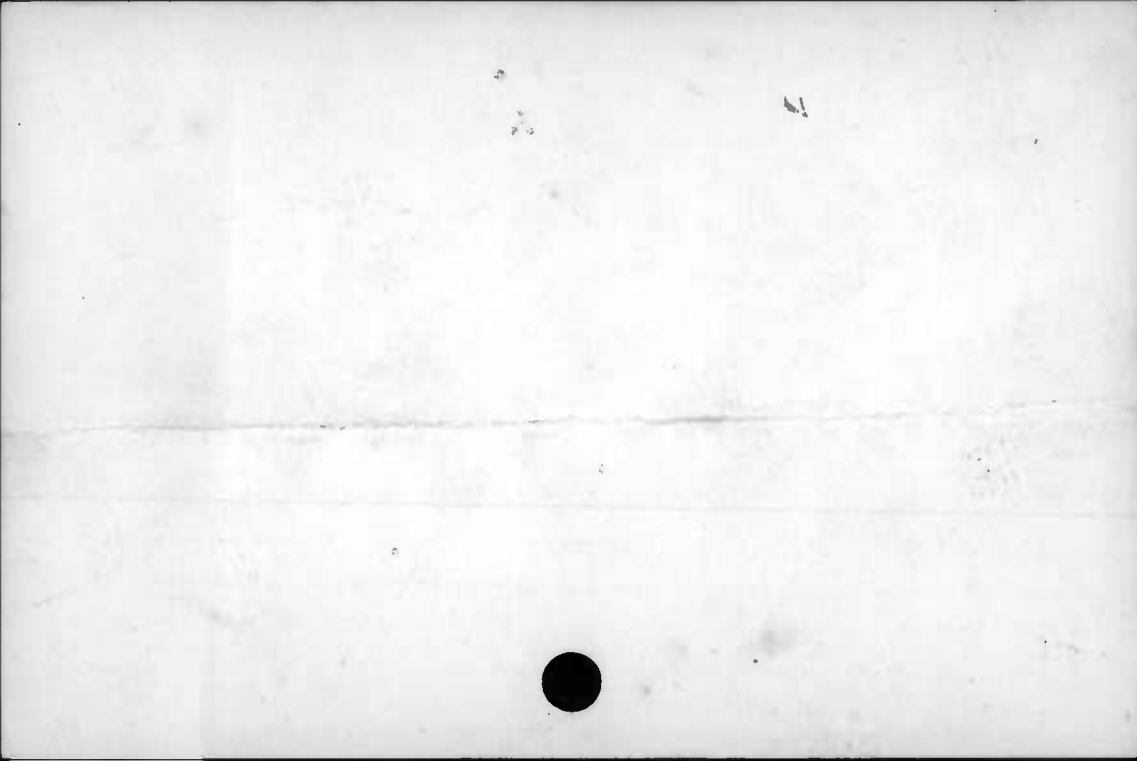
MARYLAND

Died at *John Carl Bond* Town *Morrisville* County *Harford*Date of death *1907* Month *Sept* Day *18* Age *1* Years Months *4* Days *28*Sex *Male* Color or Race *White* Birthplace *York Co., Pa.*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Charlton Ross Bond* Father's Birthplace *Md.*Mother's Maiden Name *Lallie Luc Edith Seitz* Mother's Birthplace *Md.*Name of person giving information *Charlton Ross Bond* How related to deceased *Father*

CAUSES OF DEATH

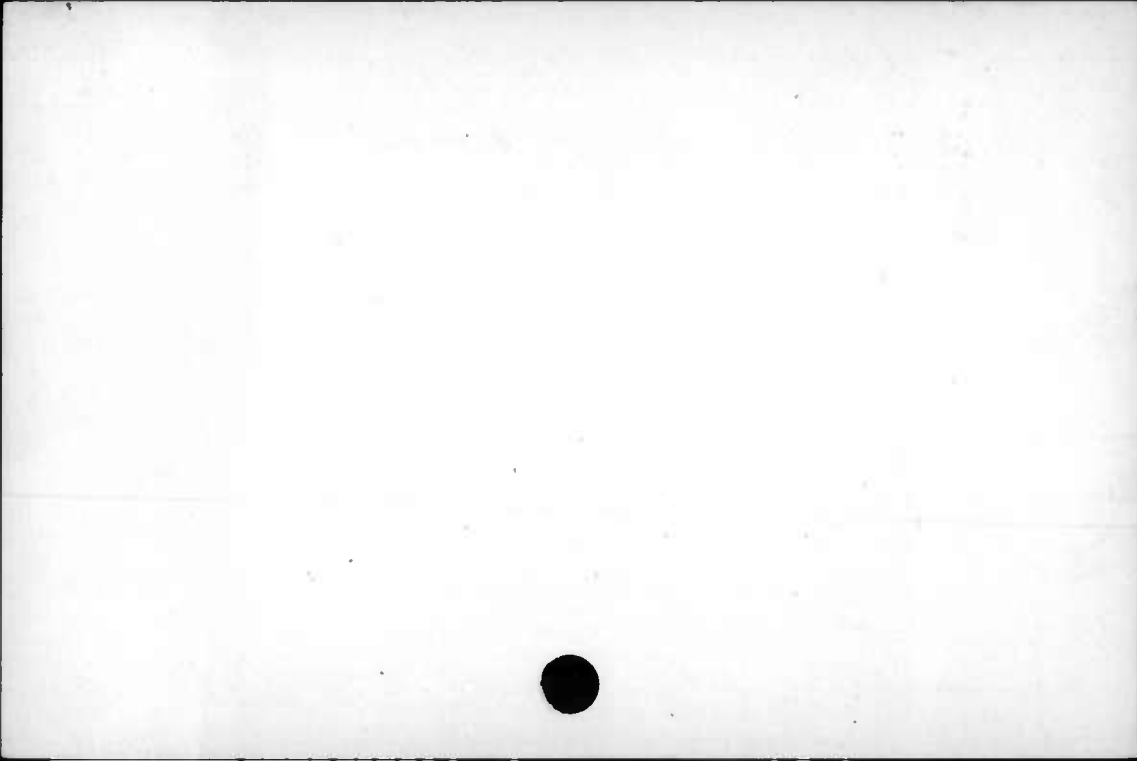
Primary *Pertussis* How long *About (3) weeks*Immediate *Pneumonia (Bronche) with convulsions* How long *(12) hrs.*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Melton Dunnick*Address *Stewartstown, Pa.*

Accident or Suicide?



CERTIFICATE OF DEATH

CAUSES OF DEATH



Name
in
Full

CERTIFICATE OF DEATH

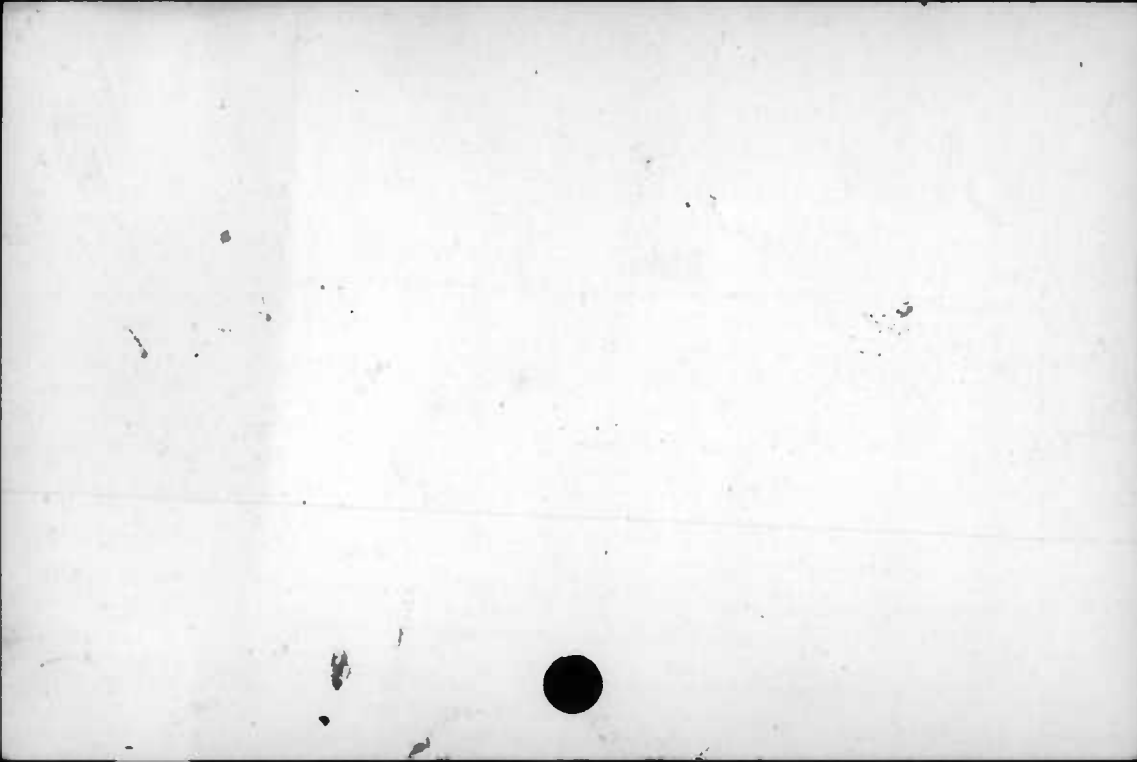
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George J. Boyd</i>		Town <i>Harre. de Grace</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at- <i>Harre. de Grace</i>		Date of death <i>1907 Sept. 9</i>		Age <i>22</i>		Months <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harre de Grace</i>			
Occupation <i>Labor</i>		Where Residing if not at place of death <i>Harre de Grace</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>George Boyd</i>				Father's Birthplace <i>Cecil Co.</i>			
Mother's Maiden Name <i>Rose Lawder</i>				Mother's Birthplace <i>Harford Co.</i>			
Name of person giving information <i>Geo Boyd</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>Shock from perforation</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R W Smith</i>
	Address <i>Harre de Grace</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

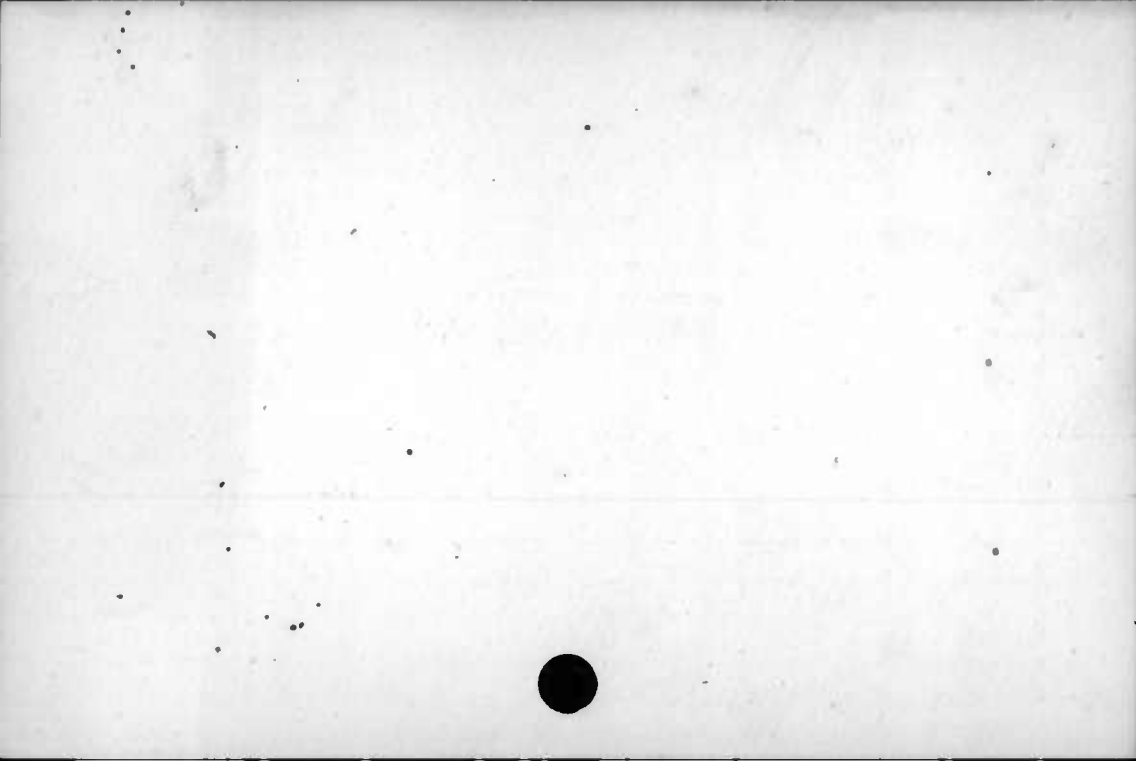
Name in Full Aussie Christy		Town Berryman		County Harford		MARYLAND	
Died at Berryman		Month sep		Day 23		Age 39	
Date of death 1907		Month sep		Day 23		Age 39	
Sex Female		Color or Race Colored		Birth-place Maryland			
Occupation Housewife		Where Residing if not at place of death Near Rockville					
Married, single Married		Name of wife or Husband George Christy					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Harriet Harris		Mother's Birthplace Maryland					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long
Immediate Cause Drowning	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Richard M. Taylor Jr
Address Berryman Md	
Accident Suicide Accident	



Name
in
Full

Charles William Clifford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

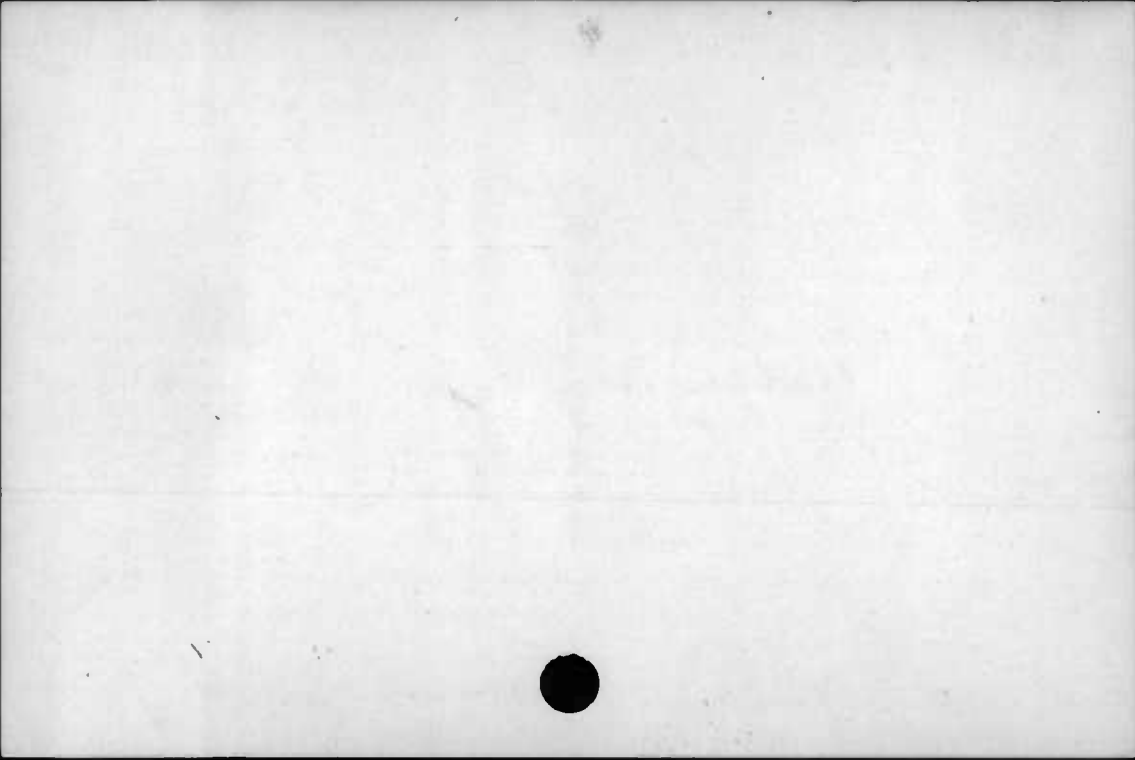
Died at <i>Abingdon</i> ^{Town}		<i>Hartford</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>Sept</i> ^{Day} <i>13</i>	Age	<i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>2</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Abingdon</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert Clifford</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Susie</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>R.O.</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

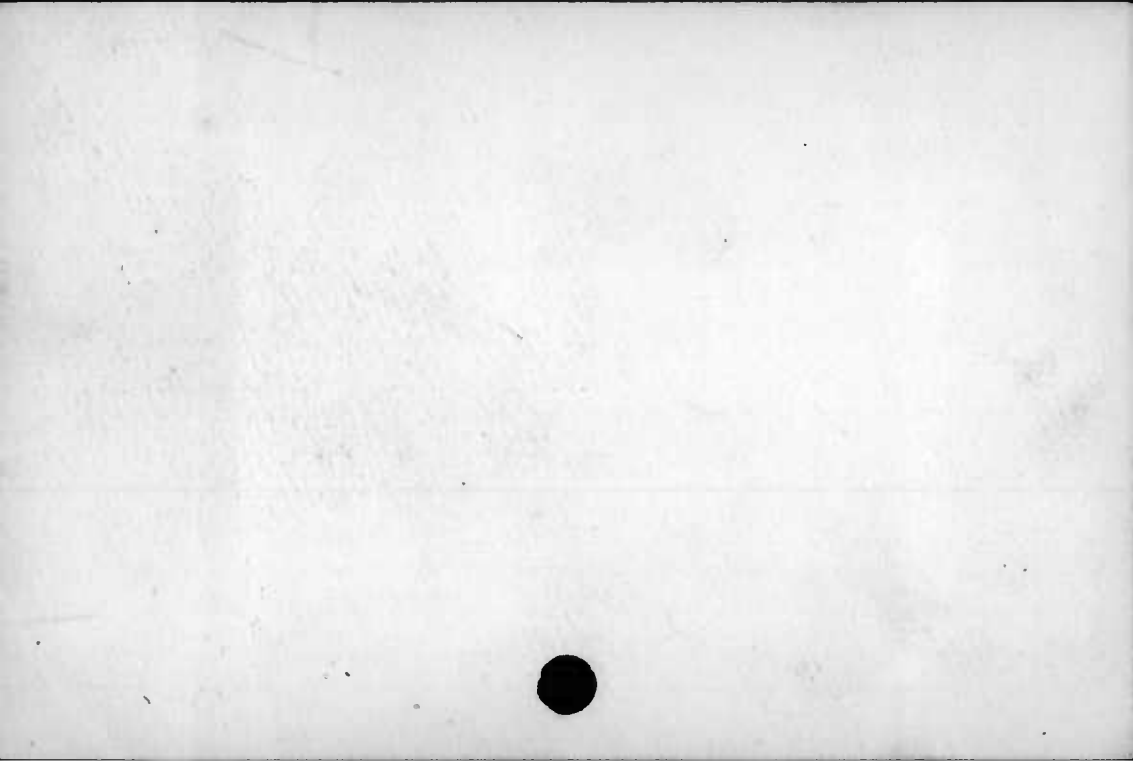
137

PHYSICIAN
OR CORONER

Primary	<i>Primature Birth</i>	How long	<i>2 days</i>
Immediate	<i>Transition</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. Oppermann</i>
<i>Yes</i>		Address	<i>Abingdon</i>
Accident or Suicide?			



Name in Full		James Collins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Gravelly Hill		County Harford		MARYLAND	
	Date of death		1907	Month Sept	Day 29	Age 72	Years	Months Days
	Sex		Male		Color or Race		Colored	
	Occupation		Laborer		Birth- place		Harford Co	
	Married, Single or Widowed		Widowed		Name of Wife or Husband		Rachel Collins	
	Father's Name		John Collins		Father's Birthplace		Harford	
	Mother's Maiden Name		Unknown		Mother's Birthplace			
Name of person giving In formation		Sallie Herbert		How related to deceased		Daughter		
				CAUSES OF DEATH		(66)		
PHYSICIAN OR CORONER	Primary		Paralysis		How long			
	Immediate		"		How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		Harford Co	
	Accident or Suicide?		9		Address		Harford Co	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

-9-

-2-

Age

66

-4-

-16-

Sex

female

Color or
Race

white

Birth-
place

Harford Co.

Occupation

merchant

Where Residing if not
at place of death

Coke

Married, Single
or Widowed

married

Name of Wife or
Husband

Hannah C. Courtney

Father's
Name

Thos. Courtney.

Father's
Birthplace

Harford Co.

Mother's
Maiden Name

Mahala Courtney.

Mother's
Birthplace

Harford Co.

Name of person giving
information

Hannah Courtney

How related
to deceased

Wife.

CAUSES OF DEATH

(40)

Primary

Cancer of Stomach

How long

1 yr -

Immediate

Exhaustion

How long

2 mos.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

L. H. White

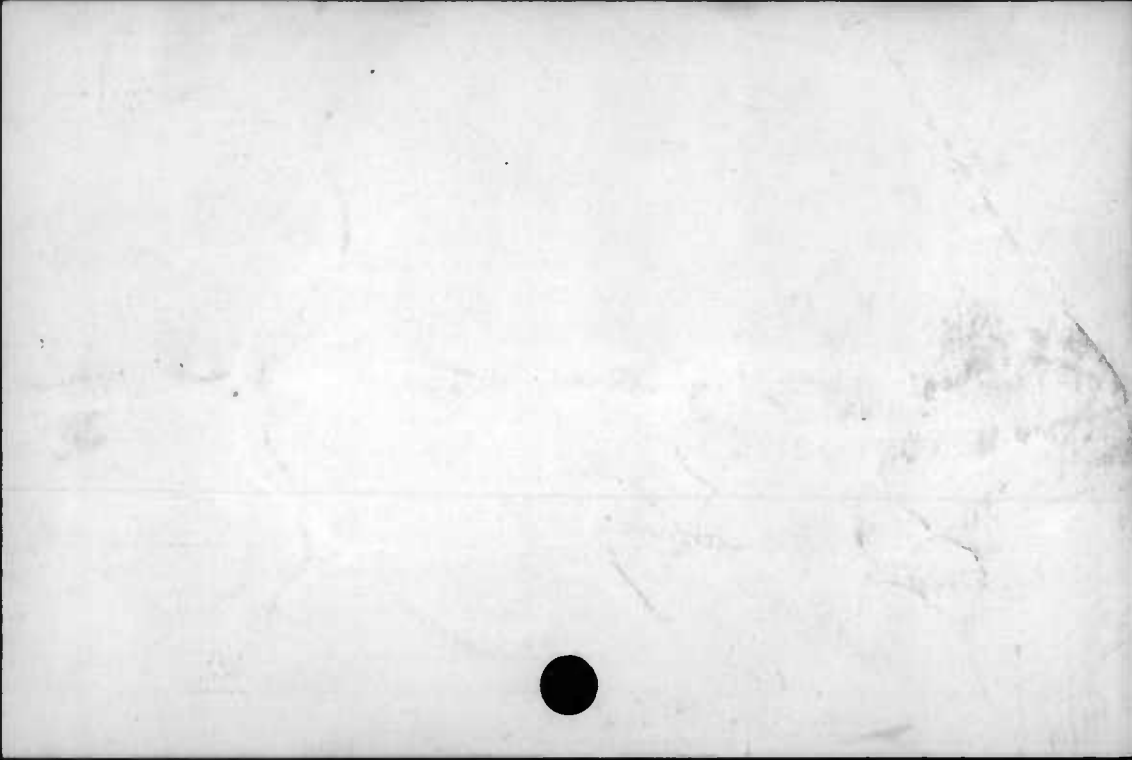
Address

Abundant
Md

Accident or Suicide?

L

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Belcamp* ^{Town}*Harford* ^{County}Date of death *1907* ^{Month} *September* ^{Day} *3*Age *11* ^{Years}*11* ^{Months} *3 days* ^{Days}Sex *Male*Color or Race *white*Birth-place *Belcamp*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's Name *Frank J Dalton*Father's Birthplace *Harford, Maryland*Mother's Maiden Name *Katie Gulian*Mother's Birthplace *Baltimore*Name of person giving
in information *S.O.*How related
to deceased

CAUSES OF DEATH

4

Primary *Exposure Malaria*

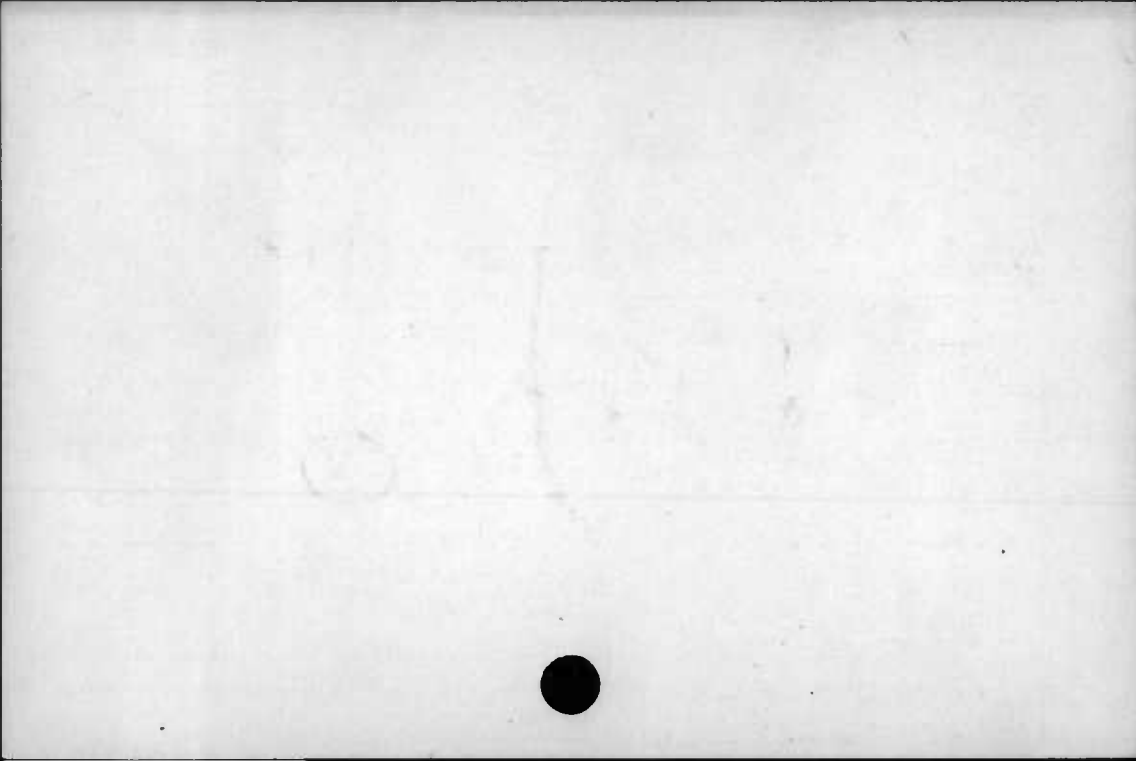
How long

Immediate *Ingestion of River*How long *1 day*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician

Address

P. Oppermann
Abingdon

Accident or Suicide?



Name
in
Full

Rachel L. Dean.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> Town		<i>Hanford</i> County		MARYLAND	
Date of death <i>1907</i> Sept <i>30</i> Day		Age <i>76</i> Years		Months	Days
Sex <i>female</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>Bel Air</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>Nathan Dean</i>				
Father's Name <i>John Robinson</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Mary Evans</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>M. A. Dean</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac (Mitral) Insufficiency</i>	How long <i>5 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert S. Page</i>
	Address <i>Bel Air.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. T. Hangan
Town County

Died at *Martin* *Harford*
Date of death *1907* *Sept* *14* *Age* *80* Months Days

MARYLAND

Sex *Male* Color or Race *white* Birth-place *Pa*

Occupation *Marine* Where Residing if not at place of death

~~Married~~ or Widowed Name of Wife or Husband

Father's Name *" Don't know "*

Father's Birthplace

Mother's Maiden Name *" " "*

Mother's Birthplace

Name of person giving information *S. H. Holden*

How related to deceased *Do.*

CAUSES OF DEATH

Primary *old age*

1574

How long

Immediate *" "*

How long

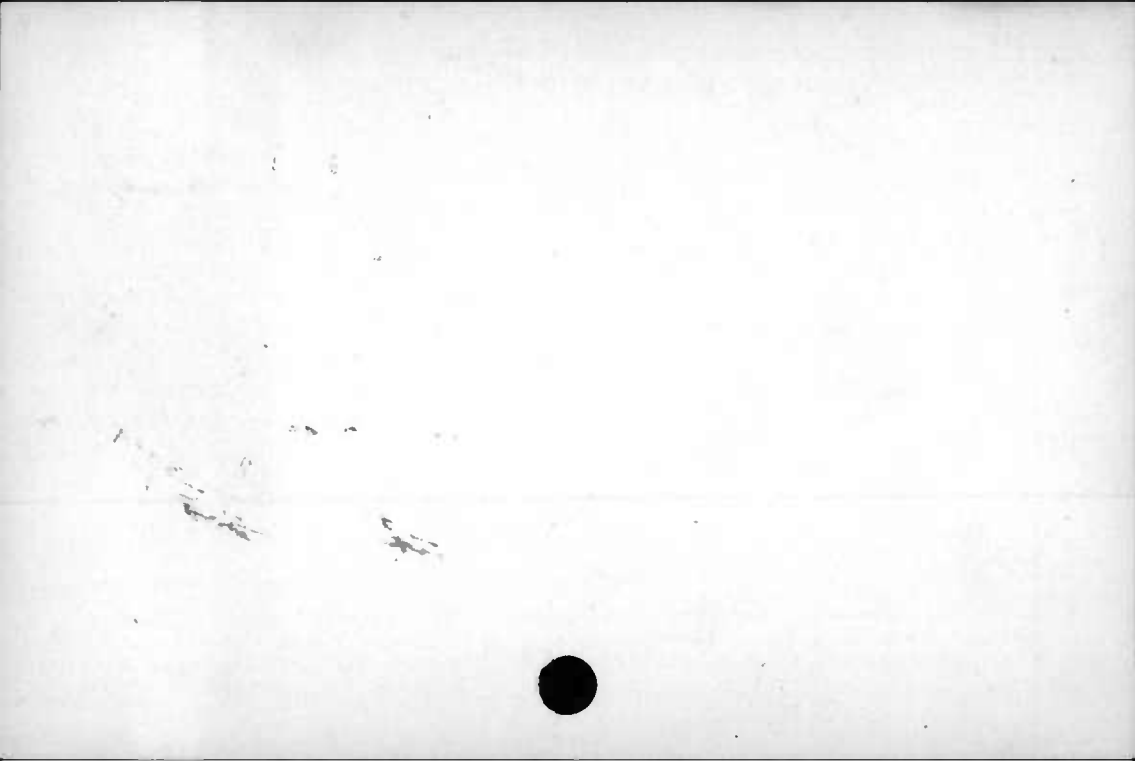
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. E. Arthur
Cardiff Md

Accident or Suicide?



Name
in
Full

Joseph G. Slachack

CERTIFICATE OF DEATH

Died at *Harrod Grace*

Town

Harford

County

MARYLAND

Date
of death *1907 Sept.*

Month

Day

Age

Years

Months

Days

Sex
Occupation*Male*Color or
Race*White*Birth-
place*Baltimore*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Victor Slachack*Father's
Birthplace*Russia*Mother's
Maiden Name*Ella Sakuraka*Mother's
Birthplace*"*Name of person giving
In formation*"**"*How related
to deceased*Mother*

CAUSES OF DEATH

(101)

Primary

Membranous sore Throat

How long

3 days

Immediate

Culture examination did not show diphtheria bacilli

How long

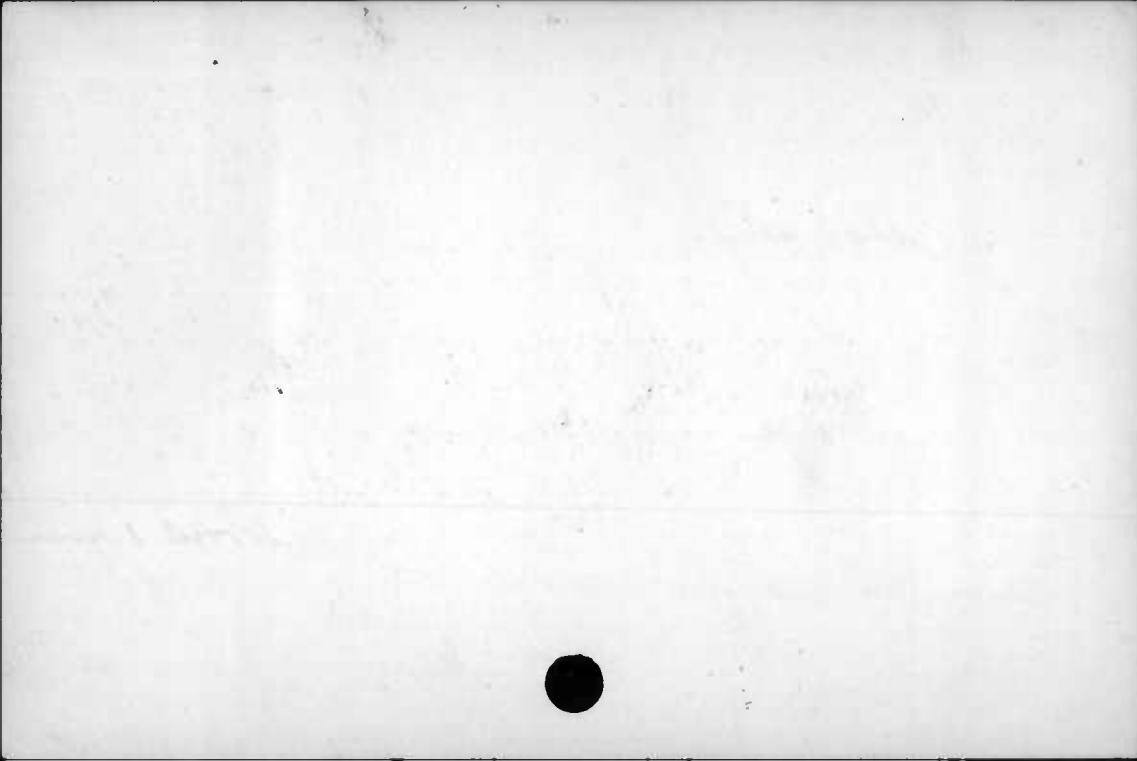
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*R. H. Smith*

Address

House de Grace Hall

Accident or Suicide?

*9*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tulpord</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Year}	<u>Sept</u> ^{Month}	<u>22</u> ^{Day}	Age <u>33</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind.</u>
Occupation	<u>Housekeeping</u>		Where Residing if not at place of death <u>Tulpord</u>		
<input checked="" type="checkbox"/> Married, Single	Name of Wife or Husband		<u>Thomas Giles</u>		
Father's Name	<u>George W. Barnett</u>		Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name	<u>L. Annal Hall</u>		Mother's Birthplace <u>Ind.</u>		
Name of person giving information	<u>Edward Barnett</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>About 1 year</u>
Immediate	<u>Tuberculosis</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Dr. Charles B. ...</u>	
		Address <u>Bellair</u>	
Accident or Suicide?			

Asbury

Name
in
Full

Catherine M. Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

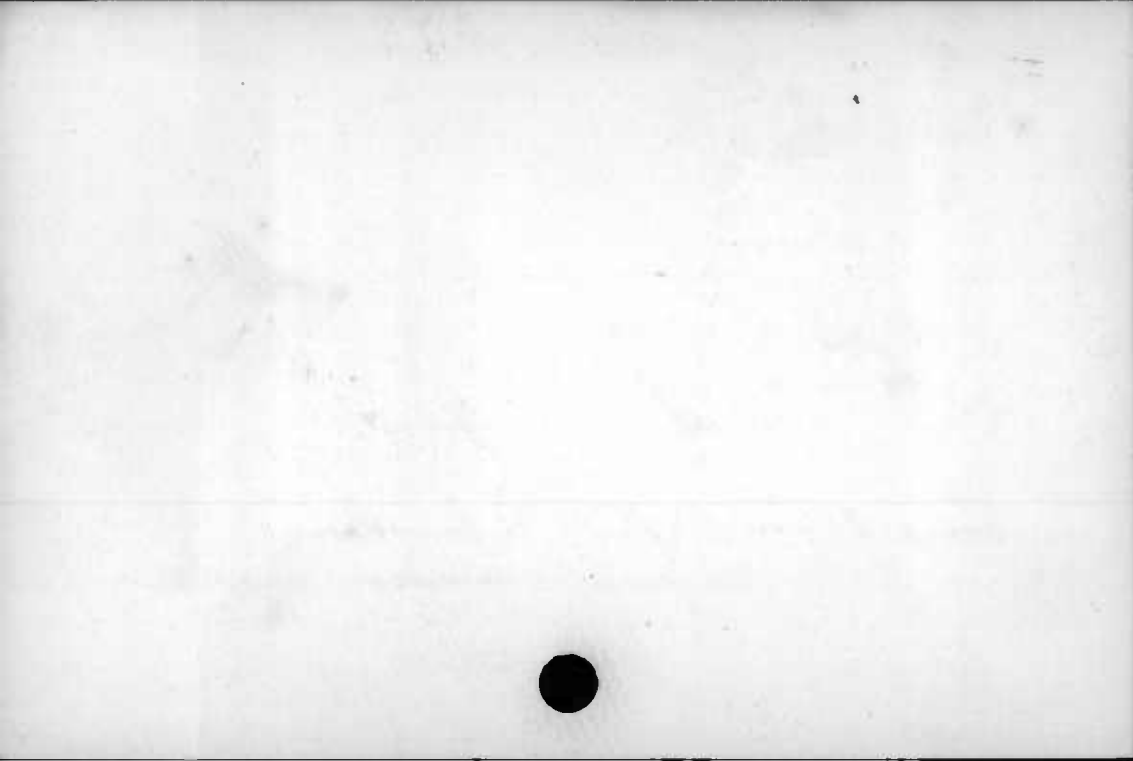
Died at		Town Revel		County Harford		MARYLAND	
Date of death	1907	Month Sept	Day 1	Age	Years	Months 5	Days
Sex	Female		Color or Race	White		Birth- place	Harford County
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Charles M. Hawkins			Father's Birthplace	
Mother's Maiden Name			Virginia H. Knight			Mother's Birthplace	
Name of person giving In formation			Father			How related to deceased	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	5 days
Immediate	Convulsions	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. H. Smith
		Address	Wm. de Zeeuw
Accident or Suicide?			



Name
In
Full

William Thomas Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

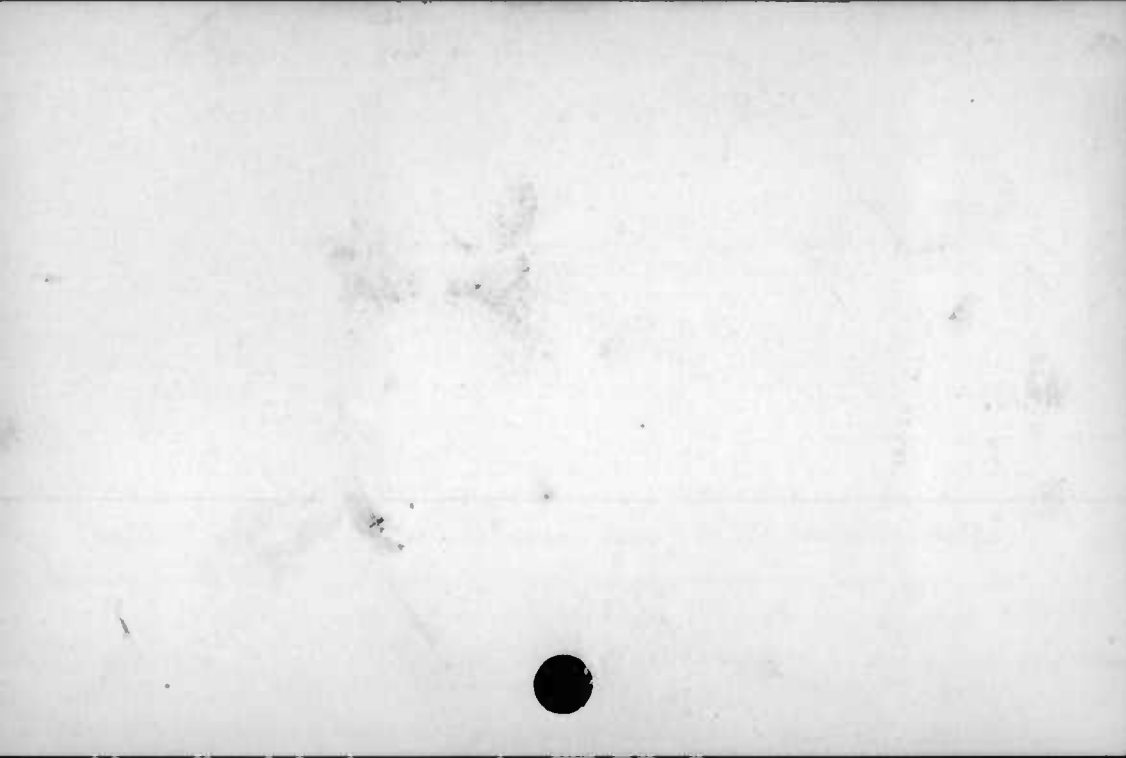
Died at <i>Norrisville</i>		Town <i>Norrisville</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>9</i>	Day <i>11</i>	Age <i>65</i>	Years <i>65</i>	Months <i>4</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co. Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Norrisville, Md.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Sophronia Hughes (deceased)</i>					
Father's Name <i>Wm Hughes</i>		Father's Birthplace <i>Norrisville, Md.</i>					
Mother's Maiden Name <i>Sarah Anne Hutcherson</i>		Mother's Birthplace <i>Harford Co. Md.</i>					
Name of person giving information <i>Mrs. Susan G. Lane</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Principal Cause of Death <i>Chronic Diffused Nephritis - Arterio-sclerosis</i>		How long
Immediate Cause <i>Right Hemiplegia and Cardiac failure.</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>W. H. Smith</i>
		Address <i>New Park, Pa.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

Thomas Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

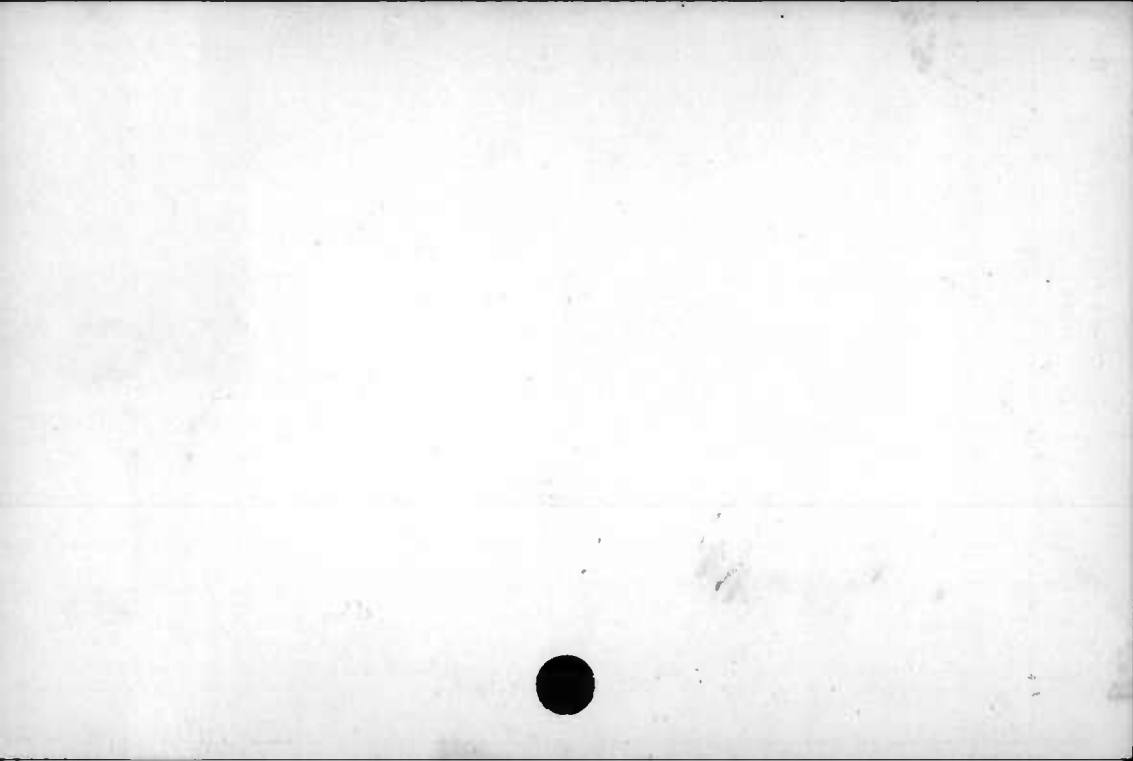
Died at <i>Upper X Roads</i> ^{Town}		<i>Hargord</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> ^{Month}	<i>7th</i> ^{Day}	<i>6th</i> ^{Age}	<i>77</i> ^{Years}	<i>5</i> ^{Months}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Upper X Roads</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary Jane Hayghe</i>			
Father's Name <i>John Johnson</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Elizabeth Hawkins</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information				How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Diarrhea</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. W. Davis MD</i>
<i>To the best of my knowledge</i>	Address <i>Pleasantville Md</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Webster

Starford

Date

of death

1907 Sept.

Day

5

Age

Years

65

Months

7

Days

Sex

Male

Color or
Race

White

Birth-
place

Cecil Co. Md

Occupation

Farmer

Where Residing if not
at place of death

Webster Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Kate Carroll Knight

Father's
Name

James W Knight

Father's
Birthplace

Harford Co

Mother's
Maiden Name

Sophia Cosden

Mother's
Birthplace

Cecil Co

Name of person living
in information

Ida B. Reynolds

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Heart Disease

How long

5 or 6 yrs

Immediate

Acute Indigestion

How long

5 or 6 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

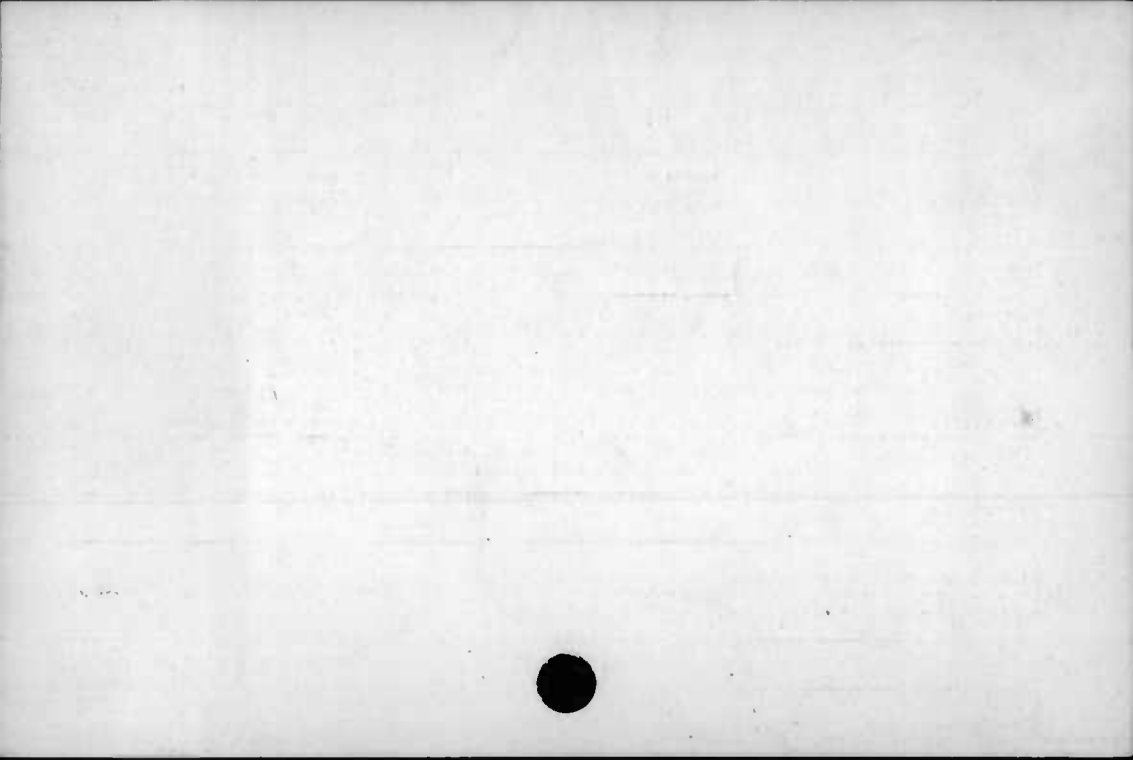
Signature of
Physician

R. H. Smith

Address

Wm. de B...

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Sept	18	Age		3	
Sex	Male	Color or Race	white	Birth-place	Pocomoke		
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Wm. H. Hinglish				Father's Birthplace	
Mother's Maiden Name		Sarah E. Star				Mother's Birthplace	
Name of person giving information		—				How related to deceased	


CAUSES OF DEATH

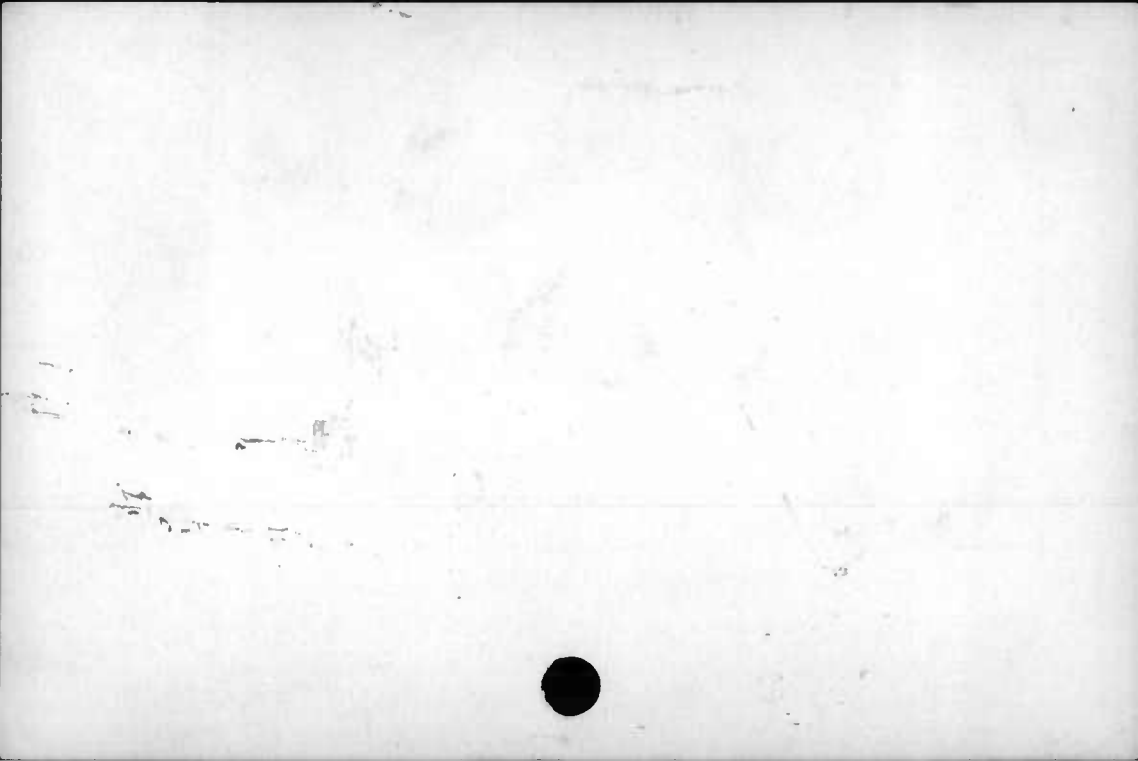
151

How long

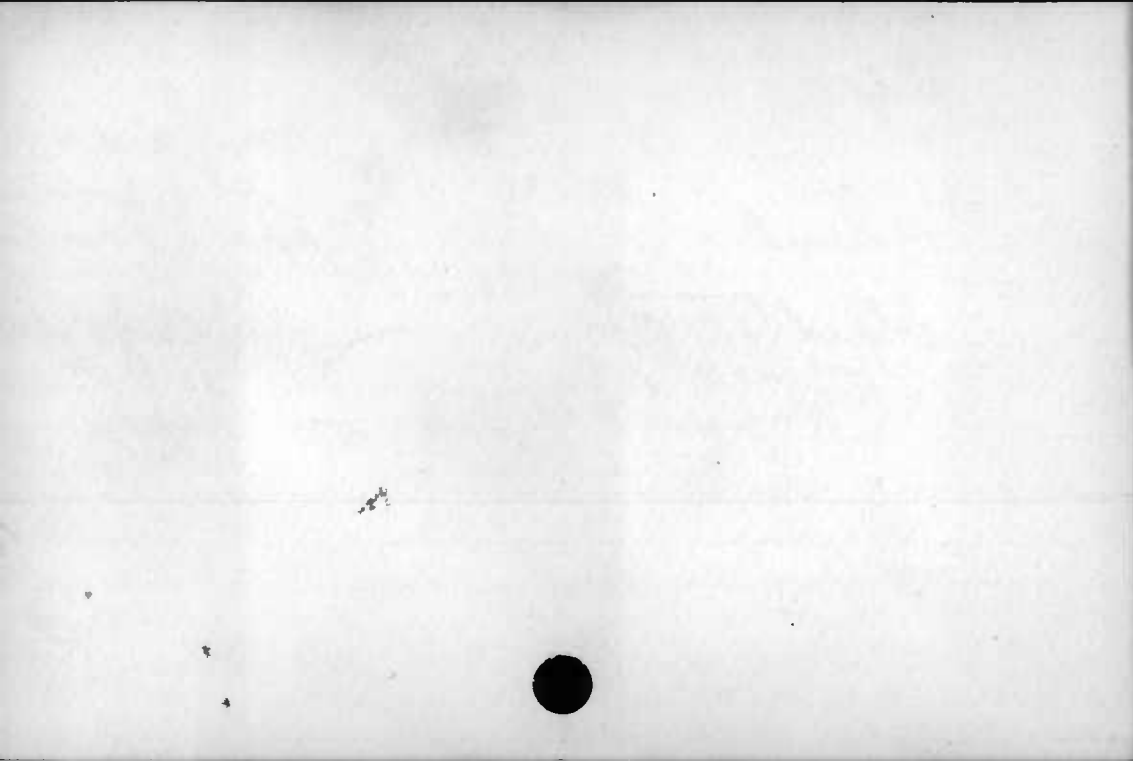
How long

PHYSICIAN
OR CORONER

Primary	Pneumonia & Int	
Immediate	"	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		Cardiff Md
Accident or Suicide?		



Name in Full		Certificate of Death			
Harry M ^c Call		Tcwn		County	
Died at Foom-de-hore		Harford		MARYLAND	
Date of death 1909		Month	Day	Years	Months
Sept		2	Age	32	6
Sex		Color or Race	Birth-place		
Male		White	Ind		
Occupation		Where Residing in not at place of death			
Laborer					
Married, Single or Widowed		Name of Wife or Husband			
Married		Mammie M ^c Call			
Father's Name		Mother's Birthplace		Father's Birthplace	
McCall		Ind		Ind	
Mother's Maiden Name		Mother's Birthplace		How related to deceased	
Rebecca Myers		Unknown		Wife	
Name of person giving information		Mammie M ^c Call			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin-left: 10px;">112</div>					
Primary		How long			
Cirrhosis of Liver		3 1/2 mo			
Immediate		How long			
Toxemia		3 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		J. Woodruff			
		Address			
		1146 Green			
		Ind.			
Accident or Suicide?					



Name
in
Full

Mary Mc Nutt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

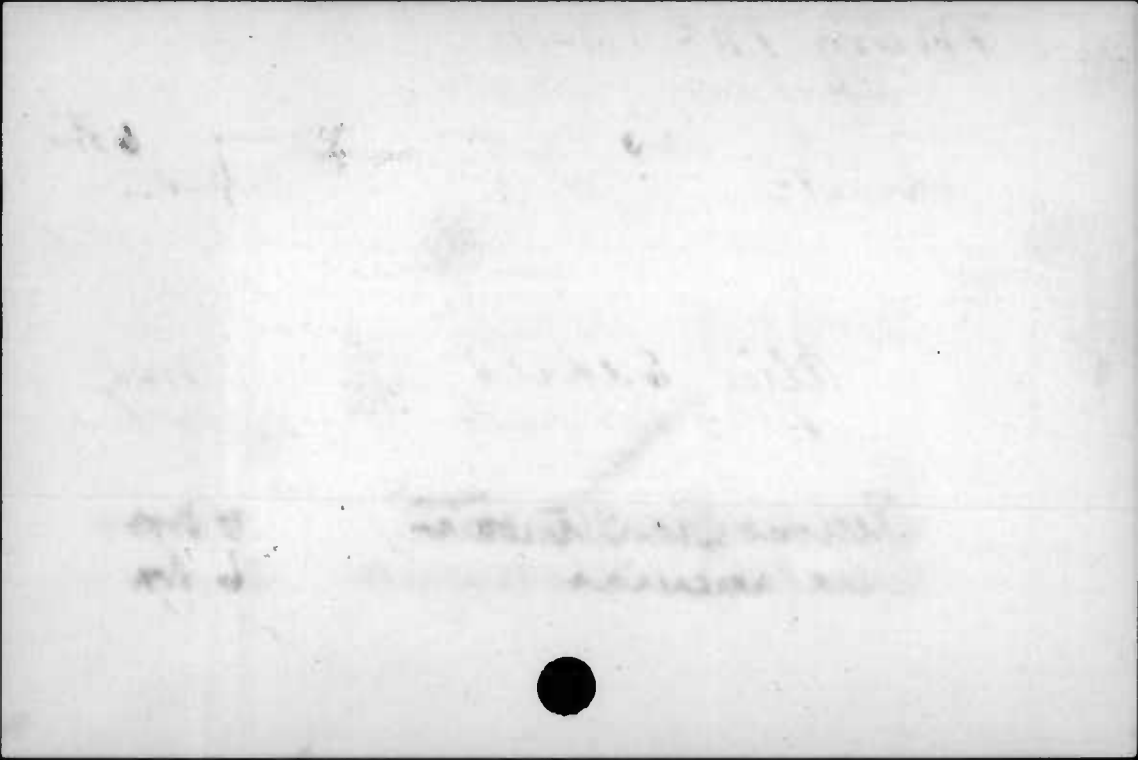
Died at		Town		County		State	
Date		Month	Day	Age	Years	Months	Days
of death		1907	9	23	—	—	6 Mo
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed		—		Name of Wife or Husband			
Father's Name		Wm F Mc Nutt				Father's Birthplace	Md.
Mother's Maiden Name		Alice Edfield				Mother's Birthplace	Md.
Name of person giving information		Wm F Mc Nutt				How related to deceased	Father

CAUSES OF DEATH

V50

PHYSICIAN
OR CORONER

Primary	Pulmonary Stenosis		How long	6 Mo
Immediate	Asphyxia		How long	6 Mo
Are the name, age, sex, color and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		Wm F Mc Nutt		
		Working by		
		M.D.		



Name
in
Full

CERTIFICATE OF DEATH

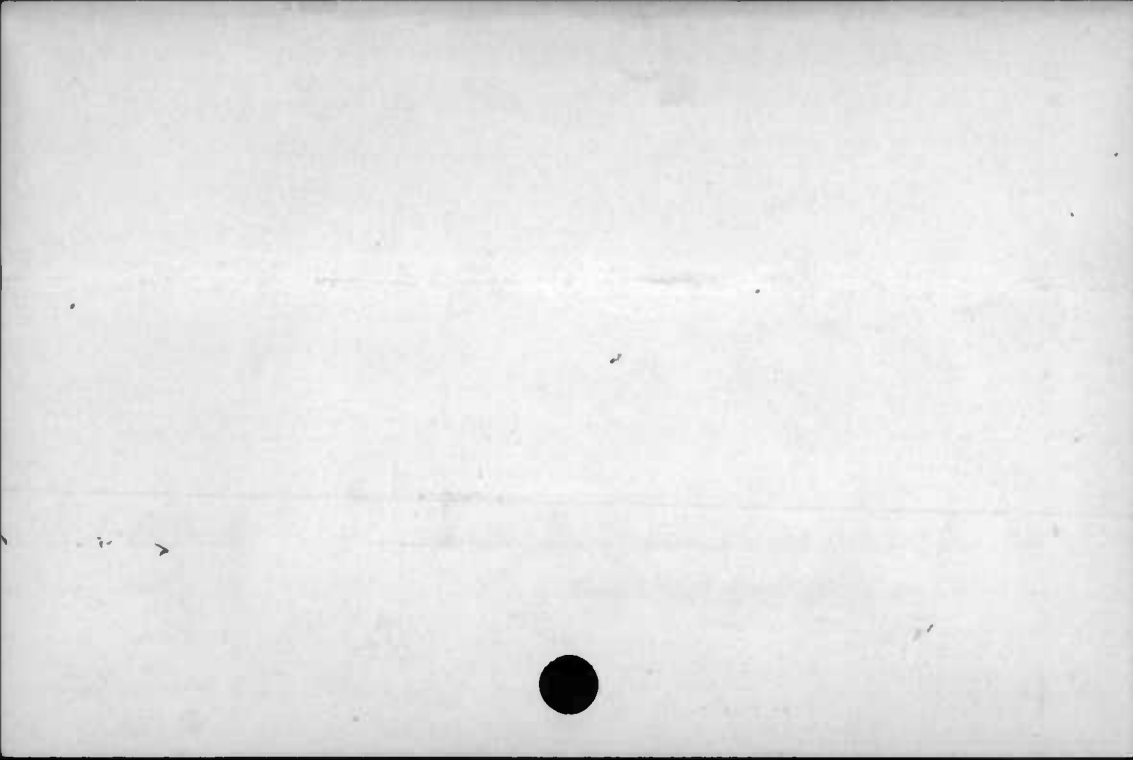
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Vinton Marshall</i>		Town <i>Near Aberdeen</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Near Aberdeen</i>		Date of death Month <i>7 Sep</i>		Day <i>4</i>		Age Years <i>2</i> Months <i>19</i> Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Near Aberdeen</i>			
Occupation				Where Residing if not at place of death <i>Near Aberdeen</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Harry Marshall</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Bessie Bullum</i>		Mother's Birthplace <i>Harford Co. Md</i>					
Name of person giving information <i>Bessie Marshall</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 or 3 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Kennedy</i>
	Address <i>Aberdeen Md</i>
Accident or Suicide?	



CERTIFICATE OF DEATH

MARYLAND

Died at High Point ^{Town}

County
Hearford

Date of death 1907 ^{Month} Sep

18 Day

Age Years

Months

Days

Sex *Female*

Color or Race

White-

Birth-
place

Belair Md

Occupation

Where Residing if not
at place of death

~~MARRIED~~, Single
~~or WIDOWED~~

Name of Wife or Husband

Father's
Name

Cable & Murrick

Father's Birthplace

Ind.

Mother's
 Maiden Name

Annie Riley

Mother's Birthplace

And

Name of person giving
information

Annie ~~Biley~~ Merrick

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Gastro Enteric

How long

3 days

immediate

Foxglove

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Her

Signature of Physician

Press

Address

Bel Ann

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

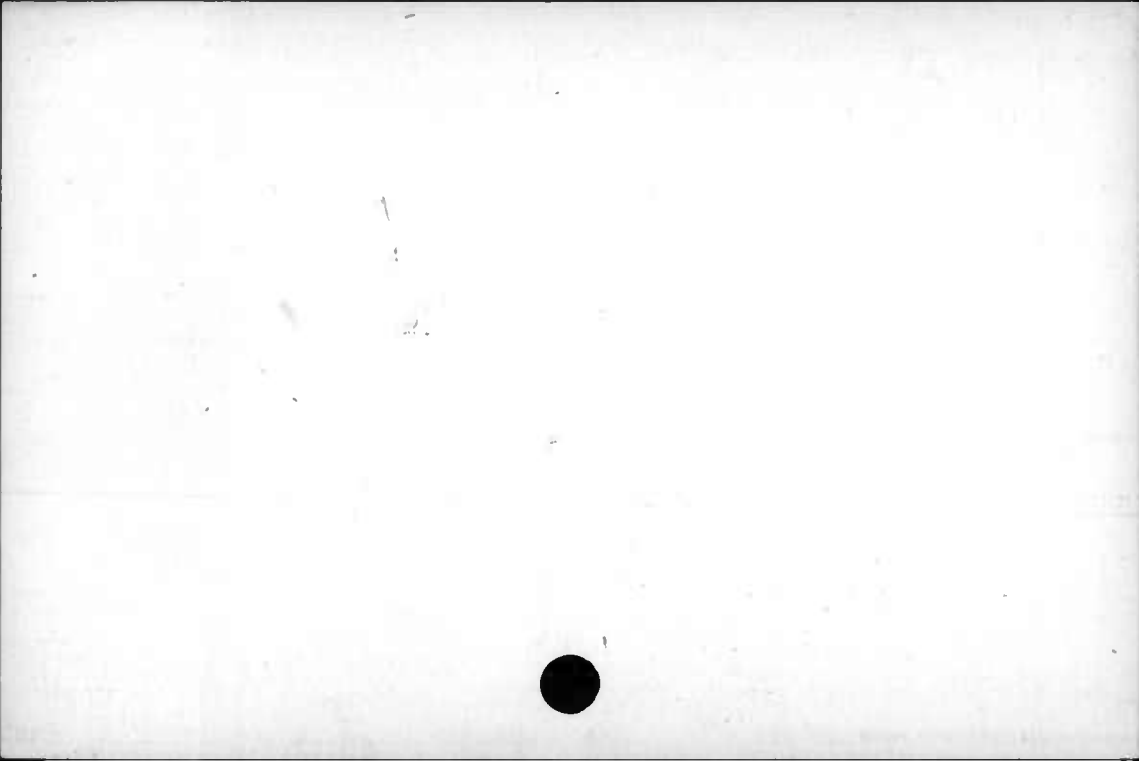
Name in Full <i>Humphrey M. Eagle</i>		Town <i>Fulford</i>		County <i>Hagerman</i>		MARYLAND	
Died at <i>Fulford</i>		Month <i>Sept</i>		Day <i>22</i>		Age <i>6</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Fulford Ind</i>		Name of Wife or Husband <i>—</i>		Name of Father <i>—</i>	
Married, Single or Widowed <i>Single</i>		Father's Name <i>J. Spencer Eagle</i>		Father's Birthplace <i>Ind</i>		Mother's Maiden Name <i>Annie M. Boyd</i>	
Mother's Name <i>Annie M. Boyd</i>		Mother's Birthplace <i>Ind</i>		Name of person giving information <i>J. Spencer Eagle</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Chronic Enterocolitis</i>		How long <i>Several weeks -</i>	
Immediate <i>Inanition</i>		How long <i>few days -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. F. Van Bibber</i>	
Accident or Suicide? <i>No</i>		Address <i>Bel Air - Md.</i>	



Name
In
Full

Hettie Pinion

CERTIFICATE OF DEATH

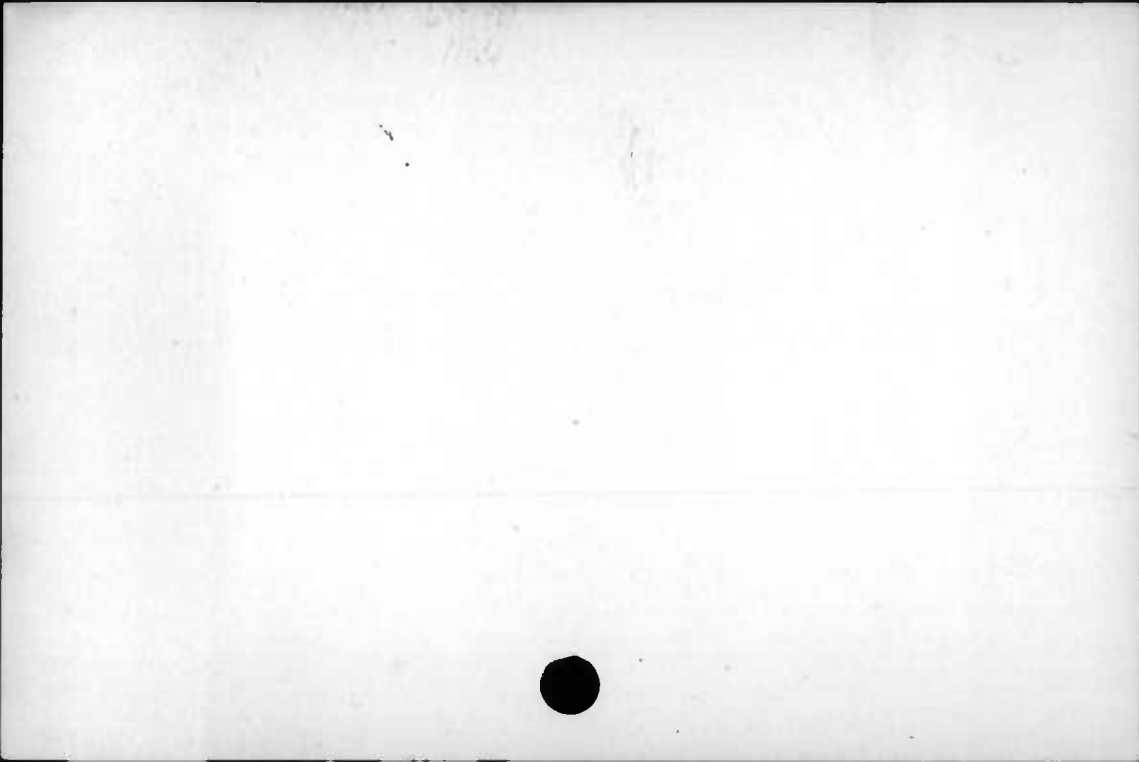
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Havre de Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>1</i>	Age <i>72</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>col</i>		Birth-place <i>md</i>		
Occupation <i>House Work</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>John Pinion</i>				
Father's Name <i>Wm. Pinion</i>	Father's Birthplace <i>U.S.A.</i>		Mother's Birthplace <i>md</i>		
Mother's Maiden Name <i>not known</i>	Name of person giving information <i>Wm. Pinion</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>66</i>	How long
Immediate <i>Paralysis</i>		How long <i>3 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Howard</i>	
	Address <i>Havre de Grace</i>	
Accident or Suicide?		



Name
in
Full

Willie Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

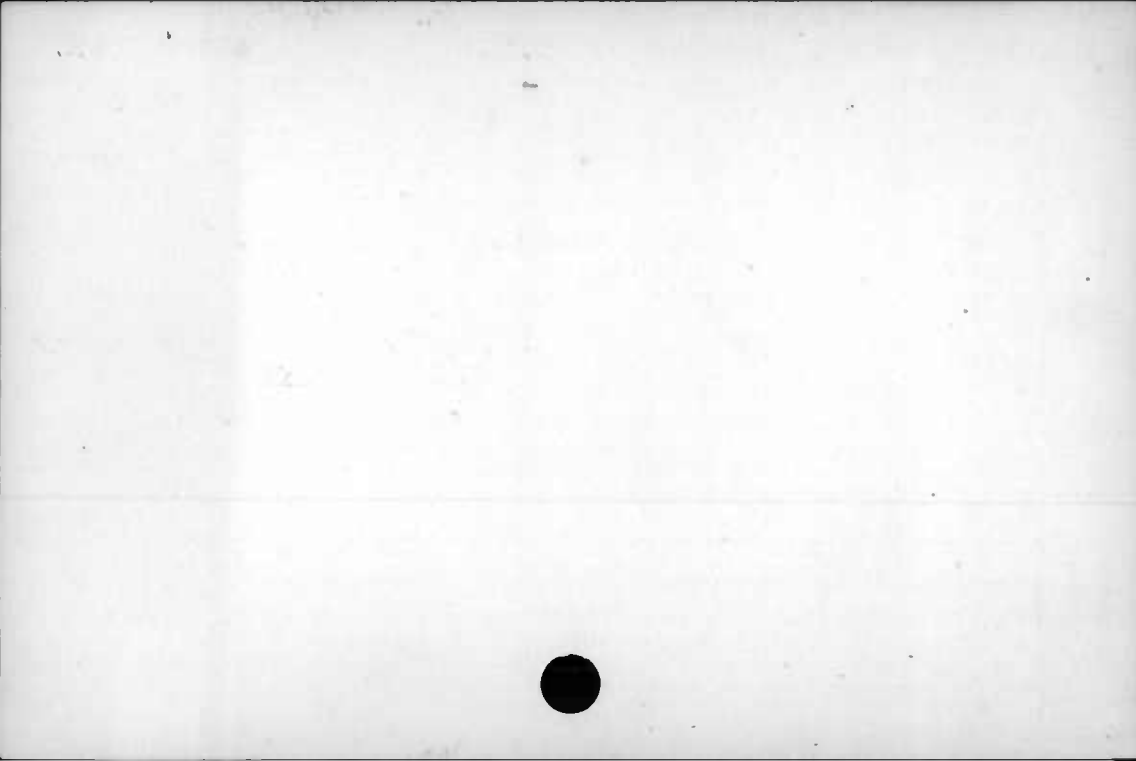
Died at <i>Harrods Grace</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept.</i>	Day <i>5</i>	Age <i>1</i> Years	Months <i>11</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harrods Grace</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Harry T. Preston</i>			Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name <i>Mollie C. Fan</i>			Mother's Birthplace <i>Harrods Grace</i>		
Name of person giving information <i>" " "</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Diphtheria & botulism</i>	How long <i>3 days</i>
Immediate <i>Convulsion & heart weakness</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. W. Smith</i>
	Address <i>Harrods Grace</i>
Accident or Suicide? <i>No</i>	<i>med</i>



Name
in
Full

CERTIFICATE OF DEATH

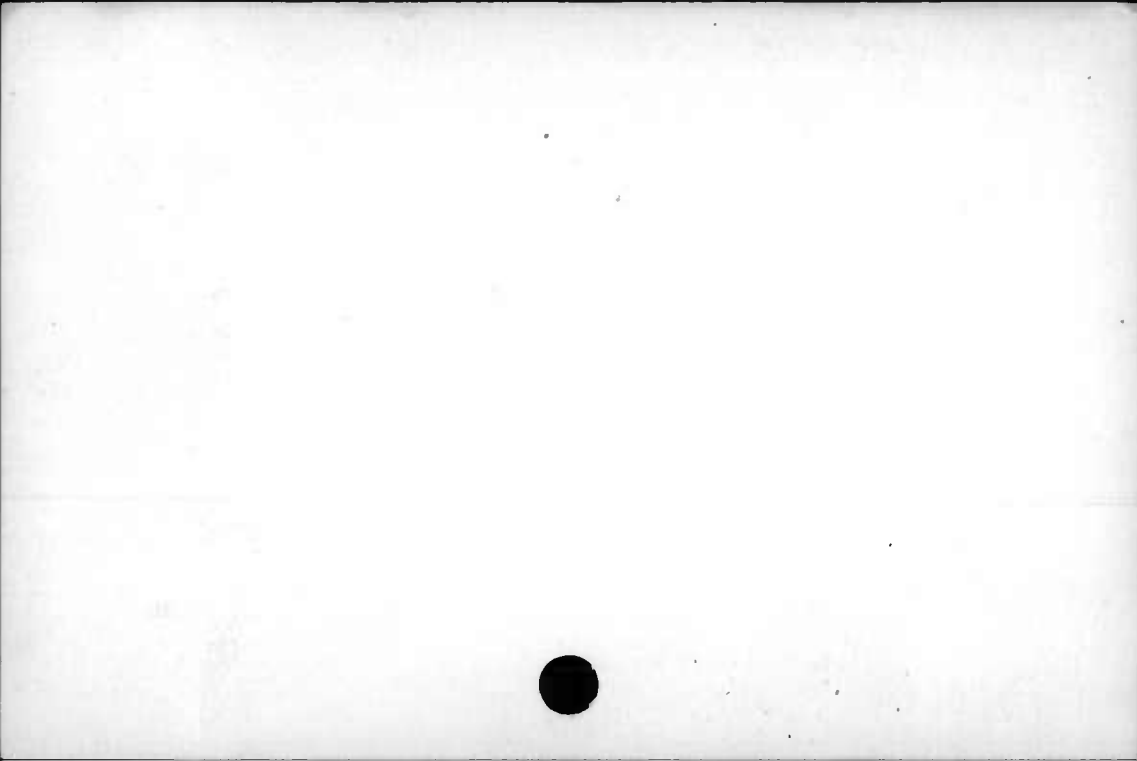
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belair</i>		Town <i>Harbor</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>10</i>	Age	Years	Months <i>11</i>	Days <i>18</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Med</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Walter F. Ruston</i>			Father's Birthplace <i>Med</i>				
Mother's Maiden Name <i>Sophia Sargaber</i>			Mother's Birthplace <i>Med</i>				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	<i>(61)</i>	How long <i>3 days</i>
Immediate <i>Sotemia</i>		How long "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Purnell D. Hopkinson</i>
		Address <i>Belair</i>
Accident or Suicide?		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Carroll
Edgewood

Town

Rumbold
Stanford

County

MARYLAND

Date

of death

190

7 Sept

Month

Day

3

Age

Years

Months

3

Days

Sex

Male

Color or
Race

white

Birth-
place

Stanford Co

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Rumbold

Father's
Birthplace

Stanford Co

Mother's
Maiden Name

Matilda Sigman

Mother's
Birthplace

Baltimore

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

90

Primary

Cephalic Brachitis

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

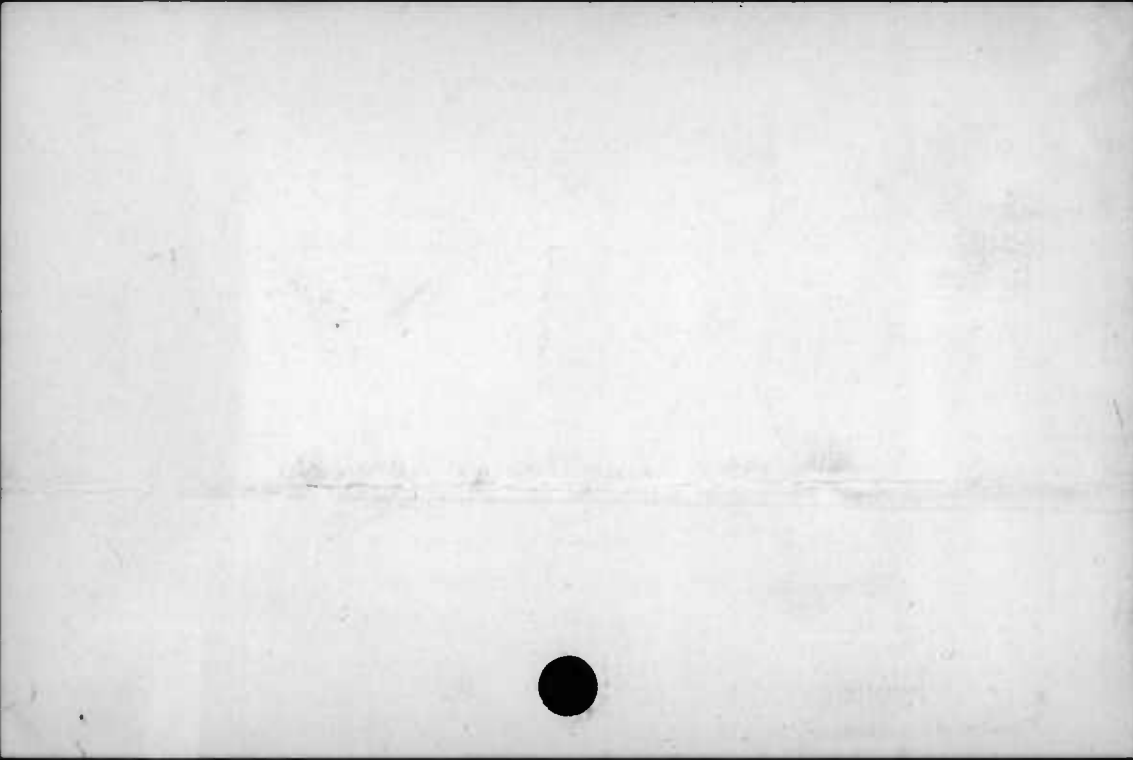
Address

Charles R. Rumbold
Edgewood

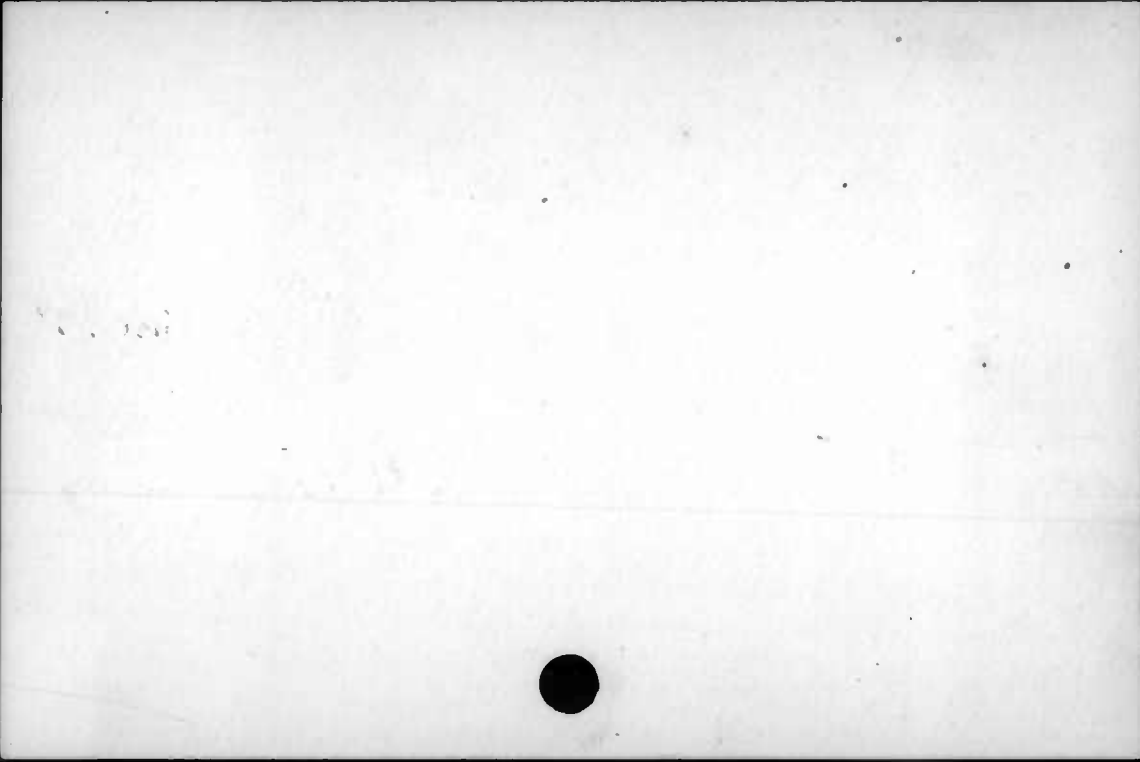
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full George E. Rice		Town Richmond		County Harford		CERTIFICATE OF DEATH	
Died at		Month Sept		Day 28		Years 1907	
Date of death		Age 4		Months 4		Days	
Sex Male		Color or Race Colored		Birth-place Ma			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Shayd Harris		Father's Birthplace Ma					
Mother's Maiden Name Annie Rice		Mother's Birthplace Ma					
Name of person giving information G. E. Rice		How related to deceased Grandfather					
CAUSES OF DEATH							
Primary Malnutrition		How long 2 weeks					
Immediate Anemia		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. D. Stiles					
		Address Pennington, Md.					
Accident or Suicide?							



Name
in
Full

Frederick Rinehart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

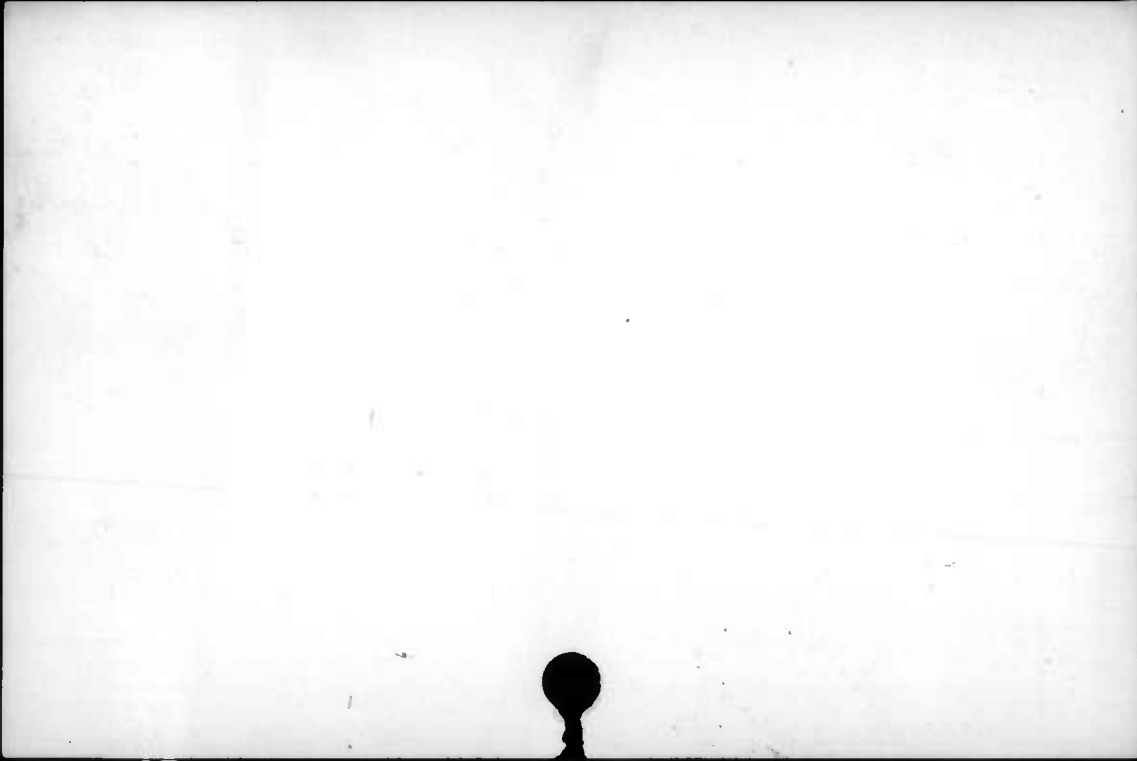
Died at <i>near Vale</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 1907	Month <i>Sept</i>	Day <i>27</i>	Age <i>57</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto City</i>		
Occupation <i>Carver</i>		Where Residing if not at place of death <i>near Vale</i>			
Married, Single <i>or Widowed</i>		Name of Wife or Husband <i>Alice Rinehart</i>			
Father's Name <i>Thomas Rinehart</i>		Father's Birthplace <i>Baltimore Md</i>			
Mother's Maiden Name <i>Alice Mc Graw</i>		Mother's Birthplace <i>Balto City</i>			
Name of person giving information <i>Lewis Rinehart</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

(56)

PHYSICIAN
OR CORONER

Primary <i>Alcoholism</i>	How long <i>many years</i>
Immediate <i>Cardiac degeneration (fatty)</i>	How long <i>don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>G. F. Vant Dobb</i>
	Address <i>136 Air</i>
Accident or Suicide? <i>No</i>	<i>Uch.</i>



Name
in
Full

Rosabella Ritchie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Macton</u> ^{Town}		<u>Harford..</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	<u>9</u> ^{Month}	<u>2</u> ^{Day}	Age <u>6</u> ^{Year}	<u>6</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind.</u>
Occupation <u></u>			Where Residing if not at place of death <u></u>		
<u>Married, Single or Widowed</u>			Name of Wife or Husband <u></u>		
Father's Name <u>Wm Ritchie</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Dellie Orr</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Wm Ritchie</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

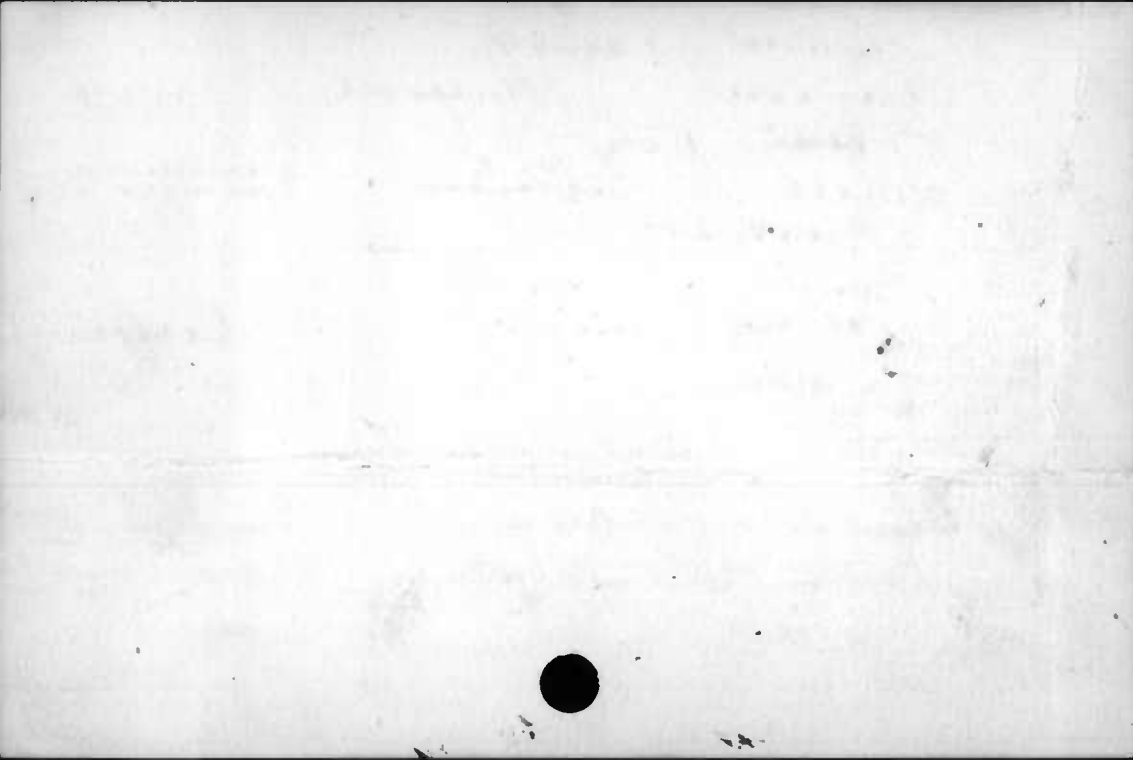
Primary <u>Meningitis</u>	How long <u>Three days</u>
Immediate <u>" "</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. E. Arthur</u>
	Address <u>Cardiff Md</u>
Accident or Suicide? <u></u>	

Dublin. South

Sept. 4^a

Name in Full William Sauer		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Clayton <small>Town</small>		Harford <small>County</small>
	Date of death 1907 <small>Month</small> Sept <small>Day</small> 6th <small>Year</small> 85		4 <small>Months</small> <small>Days</small>
	Sex Male	Color or Race White	Birth-place Solterhuden Hannover Ger.
	Occupation Farmer	Where Residing if not at place of death	
	Married, Single or Widowed Married	Name of Wife or Husband Mary Sauer	
	Father's Name Henry Sauer	Father's Birthplace Germany	
	Mother's Maiden Name Louisa Watters	Mother's Birthplace "	
Name of person giving information Wm Sauer		How related to deceased Son	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary General Debility of old age	How long Several years	
	Immediate Cardiac weakness & dropsy	How long Several weeks	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Chas. H. Keyser M.D.	
	No	Address Freelton Md.	
	Accident or Suicide? No	W. H. Porter	

154



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Harre de Grace* *Harford* CountyDate of death *1907* *Sept.* *9* *40* Age *40* Months *-* Days *-*Sex *Male* Color or Race *Black* Birth-place *Harre de Grace*Occupation *Labor* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Mary A. Glass*Father's Name *Lloyd S. S. S.* Father's Birthplace *Ind.*Mother's Maiden Name *Mary E. S. S.* Mother's Birthplace *Harford Co. Ind.*Name of person giving information *Mary E. S. S.* How related to deceased

CAUSES OF DEATH

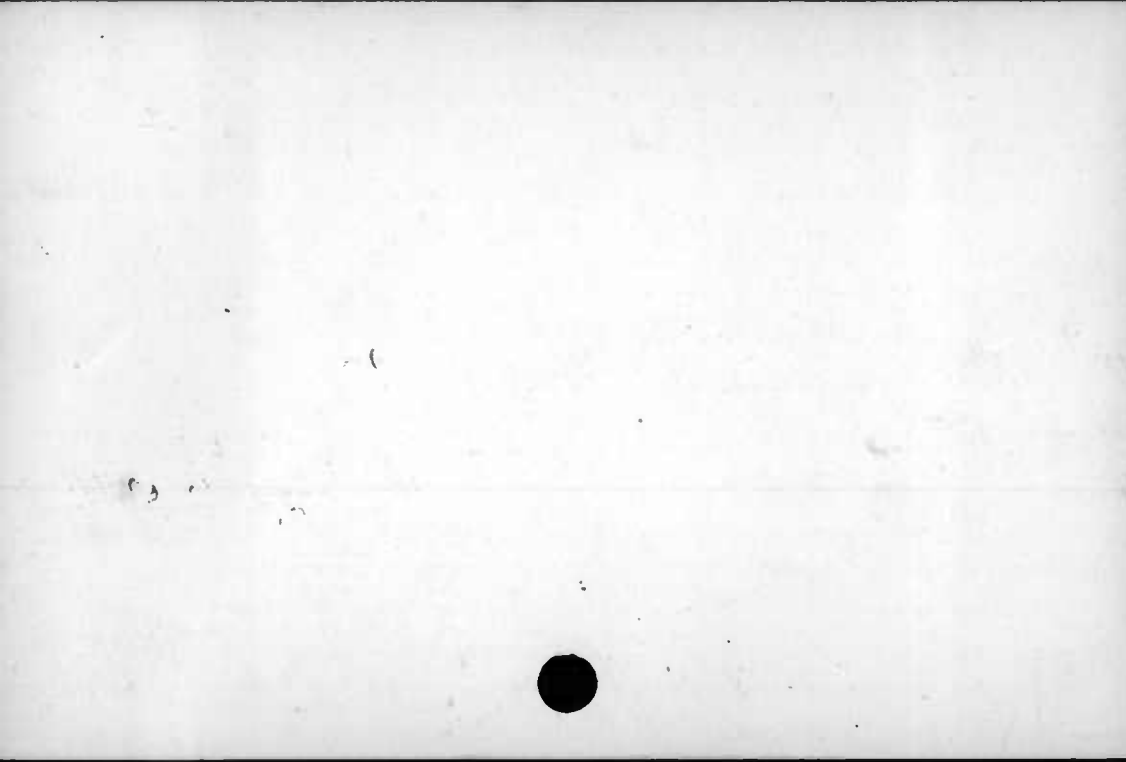
27

Primary *Pulmonary Tuberculosis* How long *Only last month*
*About a year*Immediate *General debility* How long *Two weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Only last two months
Accident or Suicide? *about 4 months ago*



Name
in
Full

Effie Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

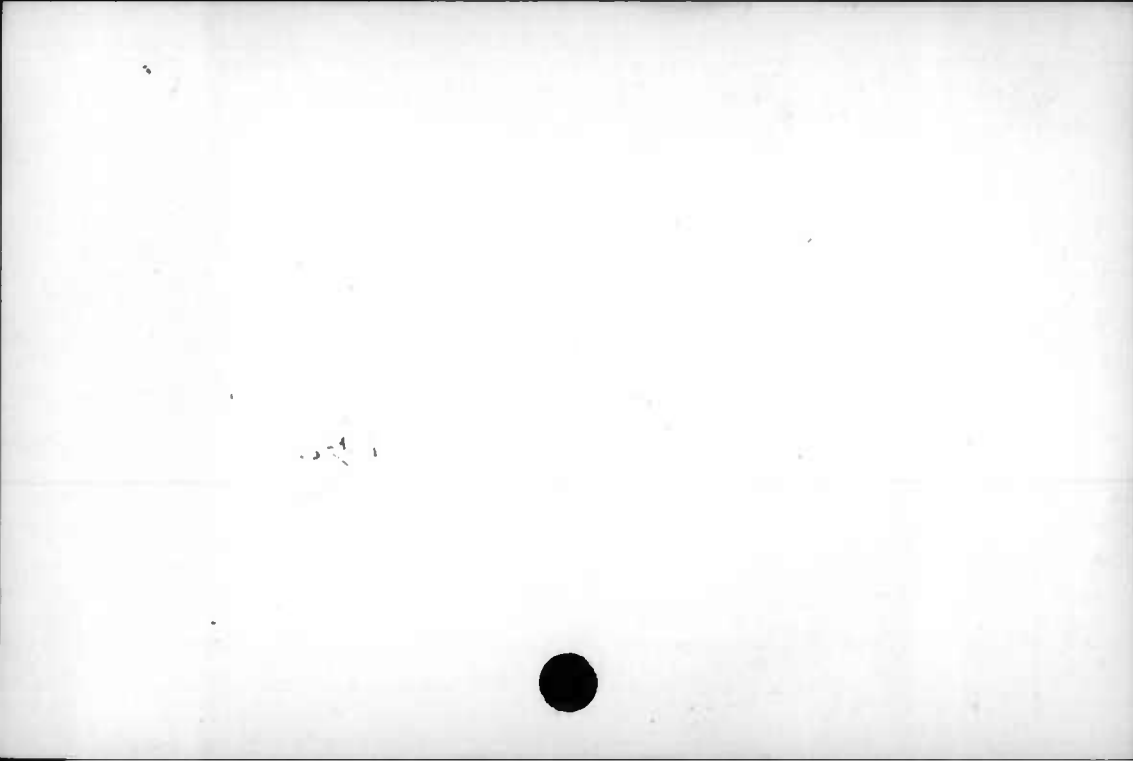
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		9	22			5	
Sex	Female		Color or Race	White		Birth-place	Lugman
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			R. W. Thompson			Father's Birthplace	
Mother's Maiden Name			Rosa A. Gray			Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. Stier	
		Address	
		Lugman	
Accident or Suicide?			



Name
in
Full

William H. Touchton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near House de Grace</i>		Town <i>Neorford</i>		County		MARYLAND	
Date of death	1907	Month	9	Day	18	Age	67
Sex	Male	Color or Race	White	Birthplace	Neorford Co Md		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John W Touchton			Father's Birthplace			
Mother's Maiden Name	Estline Weaver			Mother's Birthplace			
Name of person giving information	John L. Touchton			How related to deceased			
			Brother				

CAUSES OF DEATH

(45)

PHYSICIAN
OR CORONER

Primary	<i>Malignant Tumor of bladder</i>		How long	<i>6 months</i>
Immediate	-		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			<i>R. H. Smith MD</i>	
			Address	
			<i>House de Grace</i>	
			<i>Md</i>	
Accident or Suicide?				



Name
in
Full

Clemency Trago

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

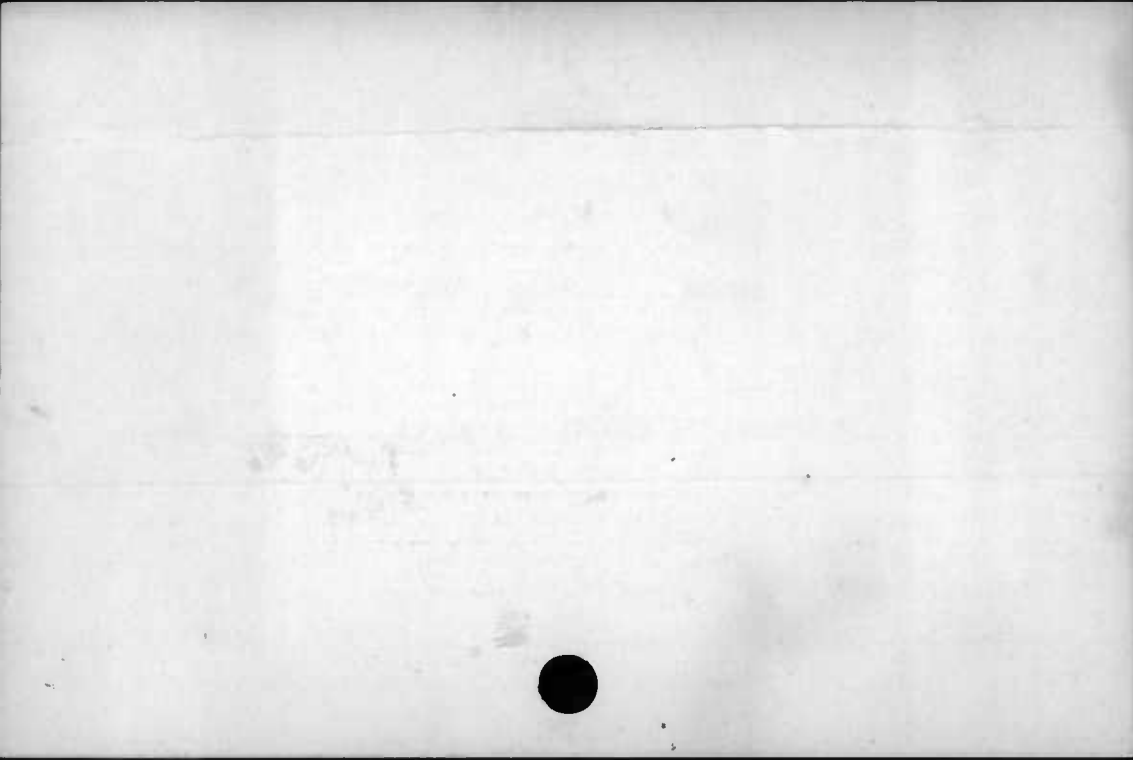
Died at		Town		County		MARYLAND	
Churchville		Harford					
Date of death	1907	Month	Sep	Day	3d	Years	76
Sex	Female	Color or Race	white	Birth-place	Harford Co	Months	Days
Occupation	Housekeeper	Where Residing if not at place of death	Churchville				
Married, Single or Widowed	Widow	Name of Wife or Husband	John Trago				
Father's Name	Daniel Tollenger	Father's Birthplace	Md				
Mother's Maiden Name	Mary A Hopkins	Mother's Birthplace	Md				
Name of person giving information	Wm Arthur Trago	How related to deceased	Son				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Disease of Heart	How long	Six months
Immediate	Disease of Heart	How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. H. Roberts	
		Address	
		Churchville	
Accident or Suicide?			
No			



Name

in
Full

Priscilla Washington

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Castleton

Harford

Date

Month

Day

Years

Months

Days

of death 1907

9

18

Age

41

7

19

Sex

Fem.

Color or
Race

Colored

Birth-
place

Harford Co. Md.

Occupation

House work

Where Residing if not
at place of death

Castleton

Married, Single
or WidowedName of Wife
Husband

Elisha Washington

Father's
Name

Lewis Spriggs

Father's
Birthplace

Harford Co. Md.

Mother's
Maiden Name

Christina Skylar

Mother's
Birthplace

Maryland

Name of person giving
Information

James Scott

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Heart Disease

How long

9 mos.

Immediate

Paralysis of Heart

How long

✓

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J M Ragan M.D.

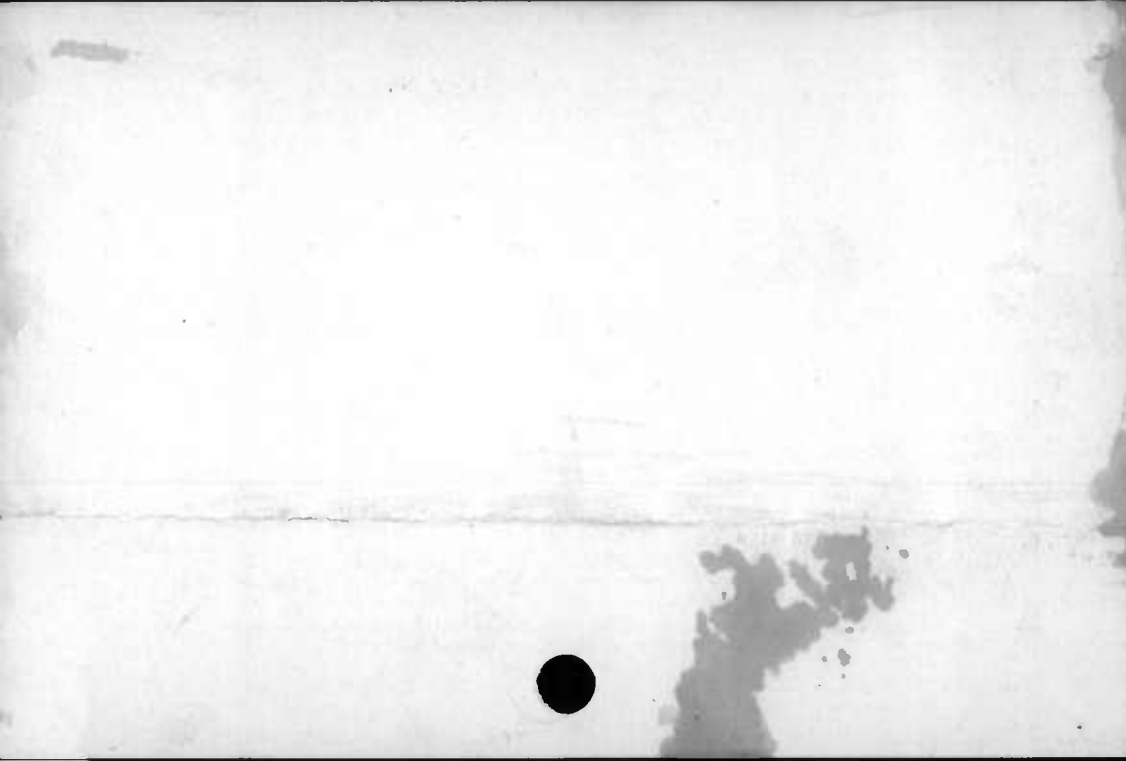
Address

Conowingo Md.

Accident or Suicide?

2

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Warren Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

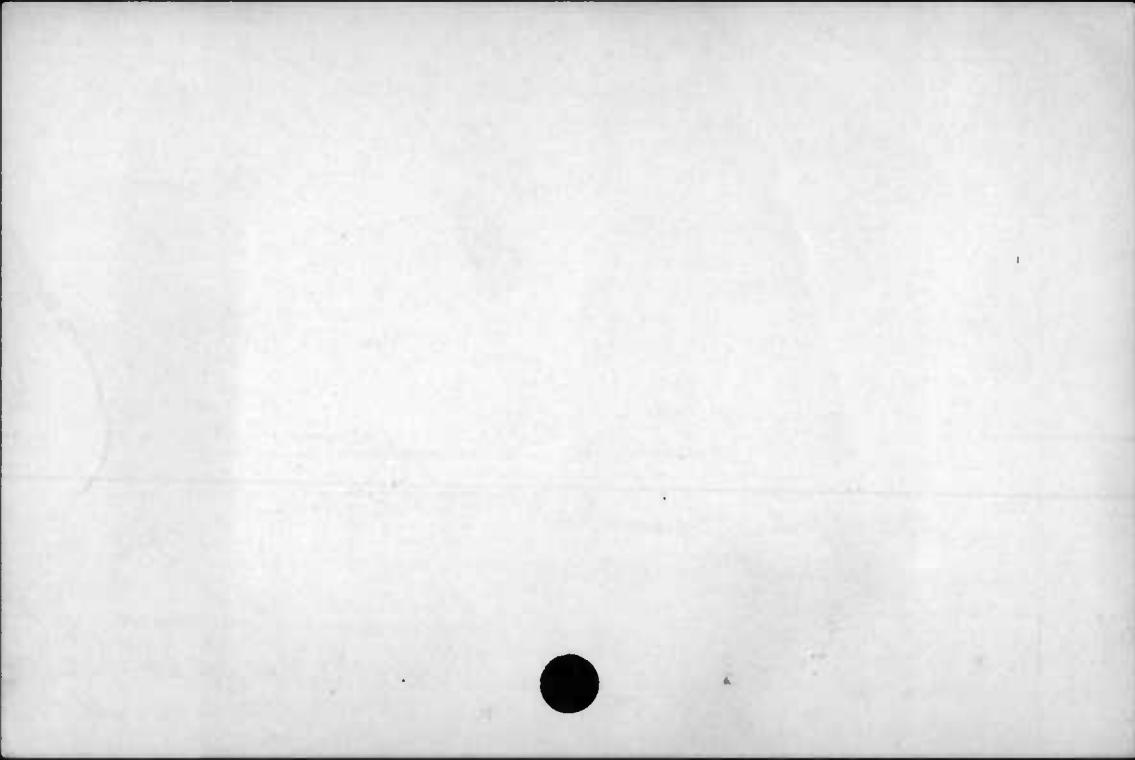
Died at <i>Forest Hill</i>		Town <i>Forest Hill</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>7</i>	Day <i>11</i>	Age	Years	Months <i>9</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>B. M. Wilson</i>		Father's Birthplace <i>Balt Co</i>					
Mother's Maiden Name <i>Lena S.</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>B. M. Wilson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Cystic Colitis</i>	How long <i>9 days</i>
Immediate <i>Coma</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. P. Smith</i>
	Address <i>Forest Hill</i>
Accident or Suicide? <i>No</i>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

August Wise		Town		County		MARYLAND	
Died at		Harrods Grace		Harford			
Date	Month	Day	Years	Months	Days		
of death	1907	Sept	12	Age	55		
Sex	Male		Color or Race	White		Birth-place	Germany
Occupation	Labor		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Unknown				Father's Birthplace	Germany	
Mother's Maiden Name	Unknown				Mother's Birthplace		
Name of person giving information	Sarah E. Albert				How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropped. Decent	How long	178
Immediate	Heart trouble.	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?	Coroner		

11/11/18

Name in Full		Burgess Ziarnowski				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Levell		Harford		MARYLAND	
	Date of death	1907	Month Sept	Day 16	Age 3	Years 2	Months Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Levell	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Alexander Ziarnowski				Father's Birthplace	Germany
	Mother's Maiden Name	Teria Schultz				Mother's Birthplace	Germany
Name of person giving information	Alex Ziarnowski				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	Cholera Infantum				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. L. Hopkins
					Address		Haure de Grace
	Accident or Suicide?		9				

